

Wayne Wrestling Booster Club

is hosting a

Pre-Season Fall Clinic

- When:** Saturday, October 25th, 2014, 9:00 a.m. till 1:00 p.m.
Where: Wayne TCA Middle School, 6076 Ontario Center Rd (Rte. 350), Ontario Center, NY 14520
Who: Wayne and Non-Wayne Modified, JV, and Varsity Wrestlers
Cost: \$20 for Wayne Wrestlers; \$30 for non-Wayne Wrestlers

Guest Clinicians include:

Jason Bovenzi, RIT Wrestling Coach and Owner of APEX Wrestling Club
Brad Mayville, RIT Collegiate Wrestler and NCAA Championship Qualifier

Light Concessions will be available for sale the day of the clinic.

Capacity is limited, so register early!

PLEASE detach and mail to:

FALL CLINIC, Wayne Wrestling Booster Club, PO Box 283, Ontario, NY 14519

Wrestler's Name _____

Wrestler's School _____

Wrestler's Address _____

Grade _____ Date of Birth _____ Circle One: Modified JV Varsity

Emergency Contact (s) _____

Emergency Phone number _____

I give my son/daughter permission to attend and participate in the Wayne Wrestling Fall Clinic on 10/25/2014. I understand that his/her participation in this even involves risks and dangers that could result in bodily injury, disability, paralysis, or death. I hereby release, waive, discharge, and agree not to sue or hold liable the Wayne Wrestling Booster Club and/or any of its staff or guest clinicians for any bodily injury, disability, paralysis, or death incurred as a result of participating in this event. I verify that my son/daughter has medical insurance and that a physician has determined he/she is able to participate in the Wayne Wrestling Fall Clinic. I also allow my child to be treated by a certified trainer, emergency medical technician, or a licensed physician, if necessary, while attending.

Parent/Guardian Signature

Date