

APEX WRESTLING CLUB

2019 REGISTRATION IS STARTING

Mail-In Form or On-line at:

www.ApexWrestling.com

***Monday, March 11th - Wednesday, May 23rd**
Experience Required, Grades 7 & up

\$80 FEE INCLUDES:

**Family discounts are
available: 2nd family
member received
\$10 off**

NYWAY Card is required!
Go to www.nyway.org

**Scholastic, Freestyle
& Greco-Roman
Instruction**

**HIGHEST LEVEL
of competition
in the area**



COMING THIS SUMMER 2019

**APEX WRESTLING CLUB
Sends 3 Teams to the
1000 Island Duals,
(2 HS, 1 MS)**

**Club participation gives
wrestlers the
opportunity to earn a
spot on one
of these teams.**

CLUB DIRECTORS

Jason Bovenzi, Rochester Institute of
Technology, Head Wrestling Coach

P: 585-802-5799

E: ApexWrestling@rochester.rr.com

Craig Kaper, Victor High School Head
Wrestling Coach

P: 585-261-2666

E: kaperc@victorschools.org

Dan Glover, Spencerport High School
Head Wrestling Coach

P: 585-350-9575

E: dglover@spencerportschools.org



REGISTER ON LINE:

WWW.APEXWRESTLING.COM



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All Sessions are OPEN to Members

2 nights a week of Wrestling Instruction!

Monday's at Victor HS Wrestling Room from 7-8:30pm

Wednesday's at Cosgrove Middle School from 7:30-9pm

CLUB

REGISTRATION FORM Please Print & Mail to: **20 Hopper Hills Way, Mendon NY 14506.** Payable to: **APEX**

Athlete Name: _____ **Parent or Guardian:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Cell Number: _____ **Birth date:** _____ **Age:** _____ **Grade:** _____ **School:** _____

Shirt Size: Youth: S M L **Adult:** S M L XL 2XL **Weight:** _____ **Yrs. Experience:** _____

Person to notify in Case of Emergency: _____ **Phone #** _____

Allergies/Medications: _____

Does your child have Insurance: Yes or No **Provider:** _____ **Policy #** _____

Parents Email Address: _____

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Neither Apex Wrestling nor the staff of the Apex Wrestling Camp assumes responsibility for accidents or medical expenses incurred as a result of participation. All athletes must assume responsibility for any medical expenses incurred. I have adequate medical coverage and insurance and give my son/daughter permission to attend the Apex Wrestling Camp and I agree to indemnify Apex Wrestling and its employees for any claim which may hereafter be presented by my child as a result of any such injuries

Photo Releases: I give permission for APEX to use any photographs, digital images, videotapes, DVDs, film, CDs or audio recordings. These items may be used for any reasonable purposes, including but not limited to, Promotional, Fundraising, Advertising, and/or Educational purposes, and need not include the child's name or any information about him/her. I waive the right to inspect and/or approve the appearance or use of the above-referenced items.

Parent/Guardian's Signature: _____ **Date:** _____

How did you pay?

Check # _____ **or Cash \$** _____ **Amount \$** _____