

# PITTSFORD WRESTLING CLINIC

## WHEN

July 26th  
10am-1pm

## WHERE

Pittsford-Sutherland High School Wrestling Room  
55 Sutherland Street, Pittsford, NY 14534

Featuring Camp Clinician: Ronnie Serrano

- 2x NYSPHSAA Coach of the Year
- 2x Northeast Coach of the Year
- 156-26 coaching record at Massapequa HS
- Coach of 2019 NYS Dual Meet Team Champions (Massapequa)
- SUNY Cortland-Academic All Team-Team Captain



AGES K-12  
ALL EXPERIENCE LEVELS

## COST

\$35 Per Athlete  
Walk Ins Welcome

## WHAT TO EXPECT

- Technique Instruction
- Importance of drilling with a purpose
- Live Wrestling
- Building a Championship Mindset
- Strategy and teamwork exercises
- Learning how to reflect and adjust
- Coaching Philosophies and creating a championship culture

**REGISTRATION FORM** Please Print & Mail to: **44 Kitty Hawk Drive, Pittsford NY, 14534** Payable: **PWC**

**Athlete Name:** \_\_\_\_\_ **Parent or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Parents Email Address:** \_\_\_\_\_

*Neither Panther Wrestling Club nor the staff of the Panther Wrestling Club 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 Panther Wrestling Club and I agree to indemnify Panther Wrestling Club 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 Panther Wrestling Club 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 \$** \_\_\_\_\_