

APEX WRESTLING CLUB

2014 REGISTRATION IS STARTING

Mail-In Form or On-line at:

www.ApexWrestling.com

***Monday, March 10th - Thursday, May 22nd**

Experience Required, Grades 7 & up

**No Apex the week of Spring Break*

\$100 FEE INCLUDES:

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

(USA Card is not provided or required)

Scholastic, Freestyle & Greco-Roman Instruction

HIGHEST LEVEL of competition in the area

Club T-Shirt



COMING THIS SUMMER 2014

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, Assistant Wrestling Coach

P: 585-802-5799

E: ApexWrestling@rochester.rr.com

Keith Pittinaro, Pittsford High School Head Wrestling Coach

P: 585-503-5879

E: keith_pittinaro@pittsford.monroe.edu

Dean Salvaggio, Webster Schroeder High School Head Wrestling Coach

P: 585-329-1248

E: dean_salvaggio@websterschools.org

Dan Glover, Spencerport High School Head Wrestling Coach

P: 585-350-9575

E: dglover@spencerportschools.com

Dan Morreale, Irondequoit High School Head Wrestling Coach

E: daniel.morreale@gmail.com

Mickey Marlowe, Rush Henrietta High School Head Wrestling Coach

P: 585-734-2862

E: mmarlowe@rhnet.org



REGISTER ON LINE:

WWW.APEXWRESTLING.COM

All Sessions are OPEN to Members

4 nights a week of Wrestling Instruction!

Monday's at Pittsford, Calkins Rd MS, from 7-8:30

Tuesday's at Webster Schroeder HS, from 7-8:30

Wednesday's at Rush Henrietta HS, from, 7-8:30

Thursday's at Spencerport, Cosgrove MS, from 7:30-9

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: _____

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 \$** _____