
**TECHNIQUE &
ADVANCED
STRATEGIES FOR
ASPIRING
WRESTLERS
BASED ON
FREESTYLE,
GRECO-ROMAN
WRESTLING &
JUDO**

**July 25th - July 27st
2022**

3 Sessions

6 pm – 8 pm

**ALL
5th-12th Graders
Welcome**

**East Rochester
High School
Wrestling Room
200 Woodbine Ave
East Rochester, NY
14445**



Throws, Trips, Sweeps & Blocks Clinic

Registration Fee:

1. \$10 per session (\$15 total if multiple siblings)
2. \$25 for all 3 sessions (\$40 total if multiple siblings)
3. Registration & Payment Due at the Door

Cash or Check Payable to: East Rochester Wrestling Club

Questions? Contact Coach Grammatico at Andy.Grammatico@erschools.org

Wrestler's Name: _____

Parent/Guardian Name: _____

Home Address: _____

Phone: _____

Email Address: _____

School: _____ Grade: (Fall 22') _____

INFORMED CONSENT FORM

I hereby give my permission for _____ to participate in the Throws, Trips, Sweeps & Blocks Clinic sponsored by the ER Wrestling Booster Club; to provide emergency treatment of an injury to or illness of my child, if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. My child and I are aware that participation in wrestling is a potentially hazardous activity. I assume all risks associated with participation in this sport including but not limited to fall, contact with other participants, the effects of the weather, traffic, and other reasonable risks conditions associated with the sport. All such risk to my child are known and understood by me. I understand this informed consent form and agree to its conditions on behalf of my child. I do further release, indemnify and hold harmless the East Rochester UFSD, ER Wrestling Booster Club, the organizers, and the supervisors and any and all of them formerly mentioned.

Parent's Signature: _____ Date: ___ / ___ / ___