

ASCEND WRESTLING CAMP

JULY 8 - 11, 2017

HELD AT
ASCEND WRESTLING CLUB
32A E. CARL ST
HICKSVILLE, NY 11801



OPEN TO ANY AND
ALL ENTRANTS

CENTRALLY LOCATED. EASY TO GET
TO FROM THE I-19, NSP & 135.
CLOSE FOR NASSAU AND MOST OF
SUFFOLK. HICKSVILLE TRAIN
STATION ONLY 5 MINUTES AWAY.

DIRECTOR:



CRAIG VITAGLIANO, HARVARD '95
HEAD COACH ASCEND WRESTLING CLUB, ASSISTANT COACH PORT WASHINGTON HS
3X NORTHEAST REGIONAL DEVELOPMENTAL COACH OF THE YEAR

CLINICIANS:



CHRIS AYRES
HEAD COACH PRINCETON UNIVERSITY
11TH SEASON AS HEAD COACH
1999 NCAA ALL-AMERICAN (LEHIGH)



MUZAFFAR ABDURAKHMANOV
ASSISTANT COACH HARVARD UNIVERSITY
8TH SEASON AS ASSISTANT COACH
2006 NCAA ALL-AMERICAN (AMERICAN)



ZACH TANELLI
HEAD COACH COLUMBIA UNIVERSITY
1ST SEASON AS HEAD COACH
2009 NCAA ALL-AMERICAN (WISCONSIN)



TODD BECKERMAN
HEAD COACH BROWN UNIVERSITY
4TH SEASON AS HEAD COACH
2000 & 2001 NCAA ALL-AMERICAN (NEBRASKA)

SCHEDULE:

SESSION 1: 10:00AM - 12:00PM
TECHNIQUE & DRILL
LUNCH: 12:00PM - 1:00AM
SESSION 2: 1:00PM - 3:00PM
TECHNIQUE & LIVE WRESTLING

COST: \$300

Make checks payable to:
ASCEND WRESTLING CLUB
Checks & applications can be mailed to:
ASCEND WRESTLING CLUB
10 MICHAEL DR
OLD BETHPAGE, NY 11804

NAME (print): _____

AGE: _____ WEIGHT: _____

GRADE ENTERING NEXT SEPTEMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

CELL PHONE # _____

USA WRESTLING CARD NUMBER: _____

SCHOOL NAME: _____

PARENTAL WAIVER AND CONSENT:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate in the 2017 Ascend Wrestling Camp. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation in camp may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the Ascend Wrestling Club, its officers, coaches, and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

Parent/Guardian Signature: _____

Date: _____

FOR MORE INFORMATION PLEASE CONTACT CRAIG VITAGLIANO 917-449-6098 OR EMAIL CRAIG@ASCENDWRESTLING.COM