

# BROCKPORT WRESTLING CLUB SPRING CLINIC

with

## PAT POPOLIZIO

HEAD COACH - UNIVERSITY OF BINGHAMTON BEARCATS



SUNDAY APRIL 15th - 9:00 am till 3:00 pm at the MIDDLE SCHOOL GYM

**COST \$35**



Clinic is best suited for wrestlers 6<sup>th</sup> grade and higher



Bearcats Wrestling T-Shirts will be available for \$12



The concession stand will be open for lunch.



### BROCKPORT WRESTLING CLUB SPRING CLINIC REGISTRATION

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

AGE AND GRADE: \_\_\_\_\_ / \_\_\_\_\_

SCHOOL: \_\_\_\_\_ COACH: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ CONTRACT NUMBER: \_\_\_\_\_

I CERTIFY THAT MY SON/DAUGHTER HAS NO INJURY OR ILLNESS, WHICH COULD JEOPARDIZE HIS/HER HEALTH OR WELL BEING BY PARTICIPATING IN THE WRESTLING ACTIVITIES OF THE BROCKPORT WRESTLING CLUB SPRING CLINIC. SIGNING THIS APPLICATION RELEASES THE BROCKPORT WRESTLING CLUB, ITS CLINICIANS, AND REPRESENTATIVES FROM LEGAL ACTION DUE TO INJURY INCURRED DURING THE EVENT. A WRESTLER WITHOUT INSURANCE WILL NOT BE ALLOWED TO PARTICIPATE.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

MAKE CHECKS PAYABLE TO "THE BROCKPORT WRESTLING CLUB"  
AND MAIL TO: 56 TALAMORA TRAIL, BROCKPORT, NEW YORK 14420

ANY QUESTIONS OR CONCERNS PLEASE CONTACT TOM SYDESKI AT [tsydeski@frontiernet.net](mailto:tsydeski@frontiernet.net).

**The Brockport Spring Wrestling Clinic is sponsored in part by...**

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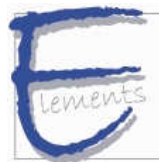
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