

Section V Fall Athletes/Coaches



2007 Hofstra Wrestling Clinic



Tom Shifflet
Head Coach
CAA Coach of the Year
3 X NCAA All-American
NYS Champion



Joe DuBuque
Asst. Coach
2 X NCAA Champion
3 X All-American
State Champion



Charles Griffin
NCAA All-American
CAA Conference Champion
CAA Wrestler of Year
NJ State Champion

*Clinicians subject to
Change*

The PRIDE is Coming to Section 5!

“Train with Division 1 Champions! Learn to be more successful on the mat by becoming more proficient in your technique. Get a head start on your season and the competition.” *Coach Shifflet*

**Sunday October 28 @ Penfield HS
10am - Noon, Then 1-3**

HOFSTRA Highlights:

Top 10 Nationally Ranked Team
7th @ NCAA Championships
CAA Conference Champions
Defeated #1 Ranked and NCAA Champions Minnesota

**COST: \$15.00 to Pre-register, 20.00 at the door
Deadline for pre-registration is October 22nd.**

***Coaches bring 10 or more wrestlers and come free.**

**Mail to: Penfield Wrestling Office
25 High School Dr
Penfield, NY 14526
(Make checks payable to: Titan Wrestling)**

For More Information contact:

John Leone @ 585-249-6466 or John_Leone@penfield.monroe.edu
Neil Cook @ 670-1059 or Neil_Cook@Websterschools.org

Application information on back>



Section V Fall Athletes - Coaches

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PRE - REGISTRATION FORM

Coach/Student Name _____

Address _____

City _____ State _____ Zip _____

High School _____ Club Team _____

E-Mail _____

Phone _____ Grade _____ Birthdate _____

Parent/Guardian: _____ Emergency # _____

Insurance Co _____ Policy # _____

Make Checks (\$15.00) Payable to: TITAN Wrestling

Send to:
Penfield Wrestling Office
25 High School Drive
Penfield, NY 14526
(Post Mark by October 22nd)

I verify that my child has been checked by a licensed physician and is physically able to participate in the Hofstra Wrestling Clinic. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I hereby waive and release Penfield Central Schools and Hofstra University from any and all liability for any injuries incurred by my child while attending the clinic. I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that if this application is accepted there is no refund of the application fee.

Parent or Guardian Signature

Date

Applicant/Athlete Signature

Date