

APEX WRESTLING COMMUTER CAMP – 14th ANNUAL

JULY 31st – August 3rd 2017

9am to 1:30pm - \$120

**Calkins Middle School,
1899 Calkins Road, Pittsford, NY 14534**

Vougar Oroudjov: Club Coach/Owner Vougar's Honors Wrestling (VHW)

- Many of his athletes have gone on to wrestle at all collegiate levels
- Associate Head Wrestling Coach at Nassau Community College
- 2 time World Champion
- Olympic Bronze Medalist

Sanshiro (Sunny) Abe: Head Wrestling Coach, North Allegheny HS, Pennsylvania

- One of the most decorated wrestlers in Penn State Wrestling history
- 4 time NCAA Division 1 All American
- 2x NCAA finalist and 1996 NCAA Division I National Champ at 126 lbs.
- Abe was also a 3x Big Ten Champion and an Olympian for Japan at the 1996 Olympic Games.

Jason Bovenzi, Head Wrestling Coach at the Rochester Institute of Technology. 2X Division 3 NCAA Champion from St. Lawrence University and Ithaca College and 3X All American.

- Coach/Owner of Apex Wrestling Club established in 2000
- Section Five Champion and 4th in the NYS Championships from Greece Athena HS.
- Former Head Varsity Wrestling Coach at Pittsford Central Schools (2002-2013) and East Rochester Central Schools (1996-2002).

- All GRADES 7-12, Younger with special permission, **Contact Jason**
- All individuals must send in the registration form with a \$50 non-refundable deposit.
- There will be only a limited number of campers, your \$50 will be returned if you are not accepted.
 - Training Camp sessions 9am to 1:30pm & **CAMP COST \$120**
 - Family discounts are available: 2nd, family member received \$10 off, etc.

For More Information or to Register On-Line Go To: www.apexwrestling.com

Contact Information: Jason Bovenzi at: 585-802-5799

E: jabatl@rit.edu



COMMUTER CAMP

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: _____

Birth date: _____ Age: _____ Grade: _____ School: _____ Weight: _____ Yrs. Exp: _____

Shirt Size: **Youth:** S M L **Adult:** S M L XL 2XL Weight: _____ Yrs. Experience: _____

Allergies/Medications: _____

Does your child have Insurance: **Yes** or **No** Provider: _____ Policy # _____

Parents Email Address: _____ Phone # _____

Parents Email Address: _____ Phone # _____

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 \$ _____