

APEX WRESTLING CLUB

2017 REGISTRATION IS STARTING

Mail-In Form or On-line at:

www.ApexWrestling.com

*Monday, March 6th - Wednesday, May 17th

Experience Required, Grades 7 & up

*No Apex the week of Spring Break

\$80 FEE INCLUDES:

Family discounts are available: 2nd family member received

\$10 off

NYWAY Card is required!
Go to www.nyway.org

Scholastic, Freestyle & Greco-Roman Instruction

HIGHEST LEVEL of competition in the area

Club T-Shirt



COMING THIS SUMMER 2017

APEX WRESTLING CLUB Sends 5 Teams to the 1000 Island Duals, (3 HS, 2 MS)
Club participation gives wrestlers the opportunity to earn a spot on one of these teams.



REGISTER ON LINE:

WWW.APEXWRESTLING.COM



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All Sessions are OPEN to Members

2 nights a week of Wrestling Instruction!

Monday's: Victor HS Wrestling Room 7-8:30pm

Wednesday's: Spencerport, Cosgrove MS 7:30-9:00pm

CLUB

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: _____

Cell Number: _____ Birth date: _____ Age: _____ Grade: _____ School: _____

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

Person to notify in Case of Emergency: _____ Phone # _____

Allergies/Medications: _____

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

Parents Email Address: _____

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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 \$ _____