

# APEX WRESTLING CLUB

**2018 REGISTRATION IS STARTING**

*Mail-In Form or On-line at:*

[www.ApexWrestling.com](http://www.ApexWrestling.com)

**\*Monday, March 5<sup>th</sup> - Wednesday, May 16<sup>th</sup>**  
**Experience Required, Grades 7 & up**

## \$80 FEE INCLUDES:

**Family discounts are  
available: 2<sup>nd</sup> family  
member received  
\$10 off**

NYWAY Card is required!  
Go to [www.nyway.org](http://www.nyway.org)

**Scholastic, Freestyle  
& Greco-Roman  
Instruction**

**HIGHEST LEVEL  
of competition  
in the area**



## COMING THIS SUMMER 2018

**APEX WRESTLING CLUB  
Sends 3 Teams to the  
1000 Island Duals,  
(2 HS, 1 MS)**

**Club participation gives  
wrestlers the  
opportunity to earn a  
spot on one  
of these teams.**

## **CLUB DIRECTORS**

**Jason Bovenzi**, Rochester Institute of  
Technology, Assistant Wrestling Coach

**P: 585-802-5799**

**E: [ApexWrestling@rochester.rr.com](mailto:ApexWrestling@rochester.rr.com)**

**Craig Kaper**, Victor High School Head  
Wrestling Coach

**P: 585-261-2666**

**E: [kaperc@victorschools.org](mailto:kaperc@victorschools.org)**

**Dan Glover**, Spencerport High School  
Head Wrestling Coach

**P: 585-350-9575**

**E: [dglover@spencerportschools.com](mailto:dglover@spencerportschools.com)**



## **REGISTER ON LINE:**

[WWW.APEXWRESTLING.COM](http://WWW.APEXWRESTLING.COM)



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## **All Sessions are OPEN to Members**

***2 nights a week of Wrestling Instruction!***

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

**Wednesday's at Cosgrove Middle School from 7:30-9pm**

## **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:** \_\_\_\_\_

**Parents Email Address:** \_\_\_\_\_

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 \$** \_\_\_\_\_