

Apex Youth Wrestling Club January 3-February 16th

2011

Experienced Wrestlers Grades 4-8



**Apex Youth Wrestling Coach
Ron Gross:**
**Section 5 Champion, *NYS Finalist,
2X NCAA All American at Ithaca
Coaching Experience:
**Wesleyan College (Coach of the
Year)
*RIT (NYS Coach of the Year)
*Brighton HS Head Coach
*Eagle Force Youth Club Coach
*Section Five Hall of Fame Member
*Ithaca College Hall of Fame
***Apex Wrestling is proud to add
Coach Gross to the Apex Staff*

Payment & Contact Information

Make checks payable to:
Apex Wrestling
Send payments to:
Apex Wrestling
20 Hopper Hills Way
Mendon, New York 14506
For more information contact Ron Gross
(585) 645-5450
Ron_gross@bcasd.org

Club Goals

- Teach and reinforce the basic skills and fundamentals of wrestling while gradually progressing into higher levels of technique.
- Stress strategies and techniques that have been proven to be successful.
- Promote fun in a physical setting while focusing on learning.
- This Club is designed for the focused, non high school wrestler.
- The athletes will be surrounded with other wrestlers of similar ability and motivation.
- The wrestlers will learn how to drill at an advanced pace and be placed in match situations.
- Registration will be limited to insure a good teaching ratio.**
- Will be able to attend selected tournaments together, where Coach Gross will assist and evaluate athletes.

Club Information

Location:

Barker Rd MS Small Gym
75 Barker Rd. 14534

Eligibility: Experienced
Wrestlers Grades 4-8 for the
2010/2011 school year.
Experience required.

Groupings: Wrestlers will be
grouped by age and ability
level.

When: Mondays and
Wednesdays, January 3-
February 16th

Time: 6-7:30pm

Cost: \$65

* Includes a T-shirt and Water
Bottle

What to Bring: Wrestling
shoes, t-shirt, and shorts.

*Wrestling shoes are required.

Register on line at:

www.apexwrestling.net

REGISTRATION Form

Please complete this application and return it or register online at www.apexwrestling.net

Make checks payable to: Apex Wrestling and mail to 20 Hopper Hills Way, Mendon 14506

Child's Name: _____ Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Birth date/Age: _____ Grade: _____ Shirt Size: _____ School: _____

Person to notify in case of emergency: _____ Phone # _____

Family Doctor: _____ Phone # _____

Allergies/Medications: _____ Weight: _____

Insurance Provider: _____ Policy # _____

Neither Apex Wrestling nor the staff of the Apex Wrestling Youth Club 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 Youth 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

Parent/Guardian's signature - Date