

**BRENTWOOD/ASCEND  
SUMMER HEAT WRESTLING CAMP**

**July 24 – July 28, 2017**

**Brentwood High School  
52 Third Avenue Brentwood, NY 11717**

**INSTRUCTORS:**

**Ralph Napolitano**

- Head Coach Brentwood High School
- 2x Suffolk County Tournament Team Champions: 2008, 2012
- 5 League 1 Titles
- 5x League 1 Coach of the Year
- 2x Suffolk County Coach of the Year

**Craig Vitagliano**

- Head Coach Ascend Wrestling Club, Assistant Coach Port Washington HS
- Multiple High School/Fargo All-Americans
- Multiple NYS Place Finishers
- Multiple Individual Nassau/Suffolk/CHSAA Champions
- USAW Northeast Regional Developmental Coach of the Year

**Schedule**

- Session 1: 10:00a – 12:00p - Instruction & drill
- Lunch/Pool: 12:00p – 1:00
- Session 2: 1:00p – 3:00p - Drill, & live wrestling

**\*\* Air Conditioned Wrestling Room**

**\*\* Pool with Life Guard**

**COST: ONLY \$150**

Make checks payable to: **Brentwood Booster Club**

Checks & applications can be mailed to:

Ascend Wrestling Club

10 Michael Dr Old Bethpage, NY 11804

**\*\*\* THIS WILL BE EXCELLENT PREPARATION FOR THE SUMMER HEAT TOURNAMENT HELD AT HOFSTRA ON JULY 30, 2017**

NAME (print): \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

GRADE ENTERING NEXT SEPTEMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

USA	WRESTLING	CARD	NUMBER:
_____	_____	_____	_____

SCHOOL	NAME:
_____	_____

**Parental Waiver and Consent:**

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate in the Brentwood/Ascend Summer Heat Wrestling Camp. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation in camp may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the Brentwood School District, its officers, coaches and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_