

2019 Guest Clinicians

Kerry McCoy – Univ. of Maryland Head Coach, World Silver medalist (03), 2x Olympic team member (00, 04), 2x NCAA Div. 1 National Champ – Penn State

Dean Morrison – NCAA Div. 1 National Champ (94) – WVU, Olympic Alternate (04)

Steven Keith – Director for Beat the Streets – Providence, Div. 1 All-American – Harvard, 4x NCAA Qualifier, 2x NYS Champion, FILA Cadet National Champion.

Tyrone Abercrombie – 3x Olympic Trials qualifier, 6x Greco AA, Head Coach, Shadow Mountain HS (AZ)

Tony Walters – 2x World Team Trials qualifier, Greco Roman National Champ. Head Coach St. Anthony's HS

Camp Staff

Joe Calderone – LIU Post, 3x NCAA Div. 2 All American, Senior National Runner-up, 2x NYS place finisher

Ben Lamantia (15) – Michigan, Runner-up NYS and NHSCA Senior Nationals. 2x state place finisher, 3x All American

Johnny Vrasidas (13) – Sacred Heart, NYS Runner-up (13) NHSCA Senior All American

Maguire Horl (18) – LIU Post, 4th Place NYS, 5th NHSCA Freshman

Justin Crawford (18) – Norte Dame College, 2x CHSAA Champ

Vinny Realmuto (01) – Asst. Coach St. Anthony's HS

Connor Horl – Former SA coach, NYS Runner-up

And a host of pop up guests!



Summer Camp 2019

July 29-August 1 – 9:00 -2:30 pm

Cost: \$245(club members), \$295 everyone else

Check made payable to: **Quiet Storm East**

Location: St. Anthony's High School

This unique camp is open to all abilities in grades 3-12.

Campers will receive instruction in all aspects of wrestling; takedowns, finishes, pinning combinations, diet and nutrition, mental attitude and weight training in our state of the art weight training facility. Campers will be exposed to various styles and techniques from around the country. Camp will consist of daily technique and drill sessions. There will also be plenty of opportunity for live wrestling against fellow campers and clinicians.

*Campers can bring their own lunch or purchase lunch in the cafeteria daily. There will be MMA shorts, shirts and other apparel for sale throughout the camp.

Mail Checks and Applications to: **Quiet Storm East**

156 Colonial Springs Road

Wheatley Heights, NY 11798

Send Inquiries/Questions to: massivetw@hotmail.com

Or call: (631) 872-4348

PLEASE BE SURE TO COMPLETE THIS APPLICATION FORM. INCOMPLETE

APPLICATIONS WILL BE RETURNED

Quiet Storm East Wrestling Camp 2019

APPLICATION

Student's Name: _____

Address: _____

Home Phone:(_____) _____ Parent Cell Phone:_(_____) _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Date of Birth: _____ Grade/Fall 2019: _____ School/Fall 2019: _____

Please list any medication your child is taking at this time

Medications:

Date of Last Physical _____ Immunization Complete: YES _____ NO _____

***I certify that this child is physically fit for participation in Quiet Storm East Wrestling Camp without restrictions.**

Physician Signature: _____ Date: _____

Required for Registration

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 Quiet Storm East 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 contract 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 St. Anthony's High School, 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: _____