

The Friends of Seaford Wrestling are Proud to Sponsor a Wrestling Clinic by Jack Mueller!



- Current 125 lb Starter for University of Virginia
- 2019 NCAA Division 1 Finalist at 125 lbs.
- 2X NCAA Division 1 All-American
- 2018 U23 World Team Member
- 5th at 2018 U23 World Championships in Romania

Date: Saturday June 8th, 2019

Schedule: 8 am: Doors Open/ Walk-In Registration

8:30 – 10:30 am: Session 1

10:30 – 11:00 am: Break (Pizza, Snacks, and Drinks will be sold)

11:00 – 1:00: Session 2

We are encouraging wrestlers attending this clinic to attend the Vin Altebrando Summer Outdoor Wrestling Tournament at Walt Whitman High School. We will make a \$10 donation to the Altebrando family for each wrestler that attends both the clinic and tournament. Wrestlers attending the tournament can weigh in at Seaford High School before the clinic starts and leave the clinic at 12:30. Tournament director will know that you are coming and hold your matches until you arrive.

Location: Seaford High School Gym

Grades: Entering Grades 7-12 (College Wrestlers are Welcome also)

Cost: \$35 if Pre-Registered, \$50 at the door, \$10 coaches/spectators

Contact: David Takseraas at seafordvikingwrestling@gmail.com

Jack Mueller Wrestling Clinic Registration Form

Name: _____

Date of Birth: _____

Grade Entering 9/19: _____

School: _____

Address: _____

Email Address: _____

Cost: \$35 if Pre-Registered, \$50 at the door (Make Checks Payable to Friends of Seaford Wrestling)

Send Payment and Registration Form to: David Takseraas

3811 New York Ave.

Seaford, NY 11783

Parent 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 Friends of Seaford Wrestling Clinic held at Seaford High School. 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 this clinic does 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 Seaford 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: _____