**FALL CLINIC SERIES WITH SCARLET KNIGHTS WRESTLING CLUB**

Located at Christian Brothers Academy (Wrestling Room)

850 Newman Springs Road

Lincroft, NJ 07738

**Total of six sessions**

**All Sessions are 6:15PM to 7:30PM**

Session 1: October 10th

Session 2: October 17th

Session 3: October 24th

Session 4: November 7th

Session 5: November 19th

Session 6: November 21st

**Each session will consist of:**

Fast Pace Drilling & Live Wrestling

One SKWC coach along with multiple athletes will be present and providing instruction each session

**Scarlet Knights Wrestling Club Coaches**

Scott Goodale, John Leonardis, Brian Murphy, Joe Pollard, Donny Pritzlaff, Harry Turner

***The fall clinic series will help grow amateur wrestling in New Jersey and free to anyone who registers***

***NO HIGH SCHOOL COACHES ARE ALLOWED TO ATTEND***

**For Information and Registration Questions**

Phone #: 848-932-4015 E-mail: [skwc.rtc@gmail.com](mailto:skwc.rtc@gmail.com)

Please register with the email above

You can send registration form via email or bring to the first session filled out

Fall Clinic Series with the Scarlet Knights Wrestling Club is Open to Any and All

------------------------------Fill out information below to Register------------------------------------

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that physical risks are involved in my child's participation in the Wrestling Club. I also understand that these risks may range from minor bruises to life threatening injuries. I have made my child aware of these risks and by allowing him/her to participate in the Wrestling Club, hereby affirm that I fully assume responsibility for these risks. My signature above confirms my agreement with these statements.