

ASCEND WRESTLING



PROUDLY PRESENTS

Ascend Wrestling Camp

in association with  **Veritas** Wrestling

Featuring Harvard Assistant Coach & NCAA Champion
J.P. O'CONNOR

The 1st wrestling camp on Long Island solely comprised of Harvard University Athletes & Alumni!

June 28 – July 1, 2014

(Grades 3-12) Held @ Ascend Wrestling Club 32A E. Carl St Hicksville, NY 11801
(Centrally located. Easy to get to from the LIE, NSP, & 135. Close for Nassau and most of Suffolk. Hicksville Train Station only 5 minutes away.)

DIRECTOR

Craig Vitagliano, Harvard '95

- 1990 NYS Champion
- 1997 University FS National Champion
- Head Coach Ascend Wrestling Club, Assistant Coach Commack HS
- 2013 Northeast Regional Developmental Coach of the Year

COUNSELORS

Todd Preston, Harvard '16

- 2014 EIWA Champion. NCAA round of 12
- 3x Prep National Champ for Blair Academy
- 3x Fargo All-American

Paul Liguori, Harvard '14

- 2x NYS State Champion

Tyler Grimaldi, Harvard '18

- 2013 NYS Champion
- Fargo All-American

Eric Morris, Harvard '18

- 2x Prep National Champion
- Fargo Cadet Champion
- Pan American Freestyle & Greco Roman Champion

CLINICIANS

J.P. O'Connor, Harvard '10

- 2010 NCAA Champion
- 3x NCAA All-American
- 4x NYS Champion

Walter Peppelman, Harvard '13

- 2x NCAA All-American
- 4x PA State Place Winner
- Fargo All-American

SCHEDULE

Session 1: 10:00a – 12:00p - Technique & Drill **Lunch:** 12:00p – 1:00 **Session 2:** 1:00p – 3:00p - Technique & Live Wrestling

COST: \$225 IF REGISTERED BY JUNE 10. \$250 THEREAFTER

Make checks payable to: Ascend Wrestling Club. Checks & applications can be mailed to: Ascend Wrestling Club 10 Michael Dr Old Bethpage, NY 11804
For more information please contact Craig Vitagliano 917-449-6098 or email craig@ascendwrestling.com

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 Ascend 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 the Ascend Wrestling Club, Veritas Wrestling, 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: _____