

South Plainfield Wrestling Club

Located in the Police Athletic League (P.A.L) Recreation Center
1250 Maple Ave. South Plainfield, N.J. 07080

2017 Spring Session

March 27th through May 26ST Monday and Thursday

2 SESSIONS

3rd grade thru 6th grade - 7:00pm to 8:00pm

7th grade thru 12th grade - 8:00pm to 9:15pm

Each session will consist of: Intensive Live Wrestling – High Level Instruction – Scholastic Neutral Position

Camp Director

SCOTT GOODALE

**HEAD COACH RUTGERS UNIVERSITY, 3X NCAA QUALIFIER, LOCK HAVEN UNIVERSITY – 99 WINS
2X EWL RUNNERUP, 3X NEW JERSEY COACH OF THE YEAR, 9 YEAR RECORD 141-50-1**

Guest Clinicians

DONNY PRITZLAFF: ASSOCIATE HEAD COACH – RUTGERS UNIVERSITY, 4X NCAA ALL AMERICAN, 2X NCAA CHAMP & 135-15 CAREER RECORD AT UNIVERSITY OF WISCONSIN, 3X NJ STATE CHAMP, JUNIOR WORLD GOLD MEDALIST, WORLD CUP AND WORLD CHAMPIONSHIPS BRONZE MEDALIST.

JOHN LEONARDIS: ASSISTANT COACH – RUTGERS UNIVERSITY, EIWA CHAMPION, NCAA QUALIFIER, 3 YEAR LETTER WINNER - LEHIGH UNIVERSITY, NATIONAL PREP CHAMP, 3RD FREESTYLE NATIONALS, FORMER HEAD COACH – PEDDIE SCHOOL.

JOE POLLARD: ASSISTANT COACH – RUTGERS UNIVERSITY, DIRECTOR – SCARLET KNIGHT WRESTLING CLUB, 3 YEAR LETTER WINNER – RIDER UNIVERSITY.

*****OTHERS TO BE ANNOUNCED*****

*******Fee: \$250.00 for 16 Sessions*******

!!!SIGN UP FOR SPRING SESSION-GET FALL SESSION FOR FREE !!!

Make checks payable to: SPWC

Mail Application to: Bill Ashnault, 845 Delmore Ave., South Plainfield, N.J. 07080

Contact: Bill Ashnault 908-296-3067, e-mail: bashnault@aol.com

OPEN TO ANY AND ALL WHO MEET THE AGE RESTRICTIONS LISTED

****All coaches, wrestlers, and visitors MUST be registered. All others will not be permitted to stay in the wrestling room during sessions.**

****Wrestlers must be in at least 3rd grade to participate****

-----*Fill out information below to register*-----

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **e-mail:** _____

Grade: _____ **Date of Birth:** _____ **Weight:** _____

Parent Signature: My signature above confirms my agreement with these statements. _____

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.

SPRING 2017