



**Monday August 8th – Thursday. August 11th 2016**

**Barn Brothers Wrestling Camp at:**

**Gold's Gym in Islip**

181 Freeman Ave, Islip, NY 11751

**Time: 9am – 3pm**

This camp is for wrestlers that are looking to bring their wrestling to the next level. Campers will be put into groups based on their current level of technique, training intensity and mental toughness. This camp will incorporate appropriate technique for all skill levels, strength and conditioning, live wrestling, Gold's Gym Olympic sized pool for training and games and some of the best clinicians that Long Island has to offer.

**Tentative Camp Daily Schedule:**

9am- Check in and Warm-Up

9:30am-10:30am- Technique Session #1

10:30am-11:00am- Live Wrestling Session #1

11:00am-11:15am- Break

11:15am-12:00pm- Strength and Conditioning w/ Gold's Gym Certified Trainers

12:00pm-12:30pm- LUNCH (Bring your own lunch: Gatorade, Water & Pizza will be available)

12:30pm-1:30pm- Technique Session #2

1:30pm-2:00pm- Camp Competition/Games

2:00pm-3:00pm- Live Wrestling Session #2

**Camp Director**

**Mike Patrovich**

- 2x NCAA Division 1 All-American
- 3x Conference Champion (4x Finalist)
- Conference Wrestler of the Year 2005
- High School National Champion
- NYS Champion (2x Finalist)

**Camp Clinicians:**

**Ryan Patrovich**

- 3x NCAA Division 1 Qualifier
- 3x Conference Champion
- 2x NYS Champion (3x Finalist)
- 4x High School National Finalist

## **Chris Wade- UFC Lightweight**

- Currently 11-2 as a Professional Fighter
- High School All-American
- NYS Champion
- JUCO All-American

## **Dennis Papadatos- Head Wrestling Coach at Hofstra**

- 4 Year Starter at Hofstra University
- Conference Champion for Hofstra
- Won over 100 College Matches
- 3X Academic All-American
- Former Associate Head Coach at Binghamton University

## **Jake Patacsil – Assistant Coach at Hofstra**

- NCAA All-American
- 3X NCAA Qualifier for Purdue University
- 5 Time Midlands Finalist
- Midlands Champion
- Florida State Champion

## **Joe DeAngelo – Assistant Coach at Hofstra**

- NC Undefeated State Champ
- 2X Division 1 NCAA Qualifier
- JUCO All-American at Nassau Community College
- 2x 125 LBS starter at top 25 ranked NC State University
- High School All-American

**COST-**        \$195 for all walk-ins  
                  \$175 if pre-registered by July 27<sup>th</sup>  
                  \$150 if pre-registered and team discount of 8+  
                  \$175 for team discount of 8+ (Walk-Ins)

**Make checks payable to: The Barn Athletic Club**

**REGISTRATION FORM:**

T-shirt size: **S M L XL XXL**

Name: \_\_\_\_\_ High School/Club Team: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parents Cell Phone #: ( ) \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_ ( ) \_\_\_\_\_

Allergies or Health concerns: \_\_\_\_\_

**Contact:** Mike Patrovich- 631-300-7677 **Mail registration, waiver and check to:**  
**Barn Brothers-** 355 Wading River Rd, Manorville NY 11949

**\*\*\*No Refunds\*\*\***

**Parent/ Guardian Waiver and Release Form**

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

Wrestler's Name: \_\_\_\_\_

Parent or Guardian's Name: (print) \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_