



21st Annual
Golden Knights Wrestling Clinic

When: June 12th-15th (3:30-5:30pm)

Where: NVOT North Gym

Past Guest Clinicians: Coach John Sacchi, Rutgers University; Devin Biscaya D3 NCAA Champion; Dominic Dellagatta, NJ State Finalist and D3 NCAA Champion; Gene Ashley, NJ State Champion and NCAA Champion; Coach Brendan Buckley, Columbia University; Damian Logan, 2x NCAA D1 All-American, 3x N.J. State Champion; Florian Ghinea, NCAA Champion, Romanian National Champion; Chuck Barbee Head Coach, West Point Military Academy; Don Pritzlaff, 2x NCAA Champion, 4x NCAA D1 All-American, NJ State Champion; Joe Mazzeo, NJ State Finalist; Joe Burke, 2X NCAA Division I All-American; Max Askren, NCAA Champion, 3X Div 1 All-American

2023 Clinicians: TBA

Coaches: Staffed by coaches from Old Tappan HS and outstanding graduates.

Contact Information: Coach Ortiz--201-370-0802 or ortizr@nvnet.org

What to Bring: Wrestling shoes, water bottle, headgear, and change of clothes.

Ages: Students entering 3rd-12th grades in Fall 2022 (if younger, please contact Coach Ortiz to discuss)

Cost: \$125 per camper. Additional family members are \$50 each. Please respond by June 5th, but walk-ins are welcome.

Wrestler's Name: _____

Grade Next Year: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: _____

Age: _____

Approximate Weight: _____

T-Shirt Size: (Please Circle one) YM YL YXL AS AM AL AXL

Mail Forms to: Golden Knights Wrestling Camp
Attn. Rob Ortiz
100 Central Ave, Old Tappan N.J. 07675

Make Checks Payable to: Golden Knights Wrestling Camp
(PLEASE COMPLETE CONSENT FORM ON BACK BEFORE SENDING REGISTRATION IN.)

Consent Form:

I understand that wrestling is a physical sport and there is some risk. Golden Knights Wrestling Camp, its coaches, and NVOT will not assume responsibility or liability for any injuries—medical, dental, or other—or any expenses incurred as a result of accident. I hereby agree to the above statement and certify that my child is in good physical condition and health, and may participate in all camp activities. In case of an emergency, I grant permission for my child to be treated at whatever nearby hospital emergency responders see fit.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact: _____ **Relation:** _____

Phone: _____

Allergies: _____ **Special Limitations:** _____