



PANTHER WRESTLING CLUB

Spring Session 2025
March 17-May 21

Club Goals

- Introduce and develop the proven basic techniques translatable to wrestling at the highest levels
- To provide higher level instruction and additional opportunities for mat time to those seeking advancement in the sport of wrestling
- Encourage self-confidence and a positive attitude towards the sport of wrestling
- Stress the importance of sportsmanship, integrity and teamwork
- Provide opportunities for our program to learn and grow together!

Club Information

Location: Pittsford Sutherland HS Wrestling Room

- Park in Lomb parking lot off Jefferson Rd
- Enter through Door #21

Eligibility: Boys and Girls Grades K-12

When: Monday and Wednesday

- Session 1: Grades K-5 (6:00-7:15 pm)
- Session 2: Grades 6-12 (7:00-8:15 pm)

Cost: \$180 (\$120 for each additional child)

- 18 Practice Sessions

PWC Staff

Club Director: Keith Pittinaro

-Head Coach at Pittsford High School

Email: Keith_pittinaro@pittsford.monroe.edu

Cell: (585)503-5879

Instructors:

- Fred Ricci (Pittsford JV Coach)
- John Zito (Pittsford Assistant Coach)
- Pat Vanthof (Pittsford Program Assistant)

Registration Open

~Registrations will be excepted on site or by mail.
Please fill out all information at the bottom of this form.

~All participants are required to purchase a NYWAY card prior to first practice. Please visit nyway.org to purchase.

~No practices over Spring break or on days off from school.

REGISTRATION FORM Please Print & Mail to: 44 Kitty Hawk Drive, Pittsford NY, 14534 Payable: PWC

Athlete Name: _____ Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Number: _____ Birth date: _____ Age: _____ Grade: _____ School: _____

Weight: _____ Yrs. Experience: _____

Person to notify in Case of Emergency: _____ Phone# _____

Allergies/Medications: _____

Does your child have Insurance: Yes or No Provider: _____ Policy # _____

Parents Email Address: _____

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Neither Panther Wrestling Club nor the staff of the Panther Wrestling Club assumes responsibility for accidents or medical expenses incurred as a result of participation. All athletes must assume responsibility for any medical expenses incurred. I have adequate medical coverage and insurance and give my son/daughter permission to attend the Panther Wrestling Club and I agree to indemnify Panther Wrestling Club and its employees for any claim which may hereafter be presented by my child as a result of any such injuries

Photo Releases: I give permission for Panther Wrestling Club to use any photographs, digital images, videotapes, DVDs, film, CDs or audio recordings. These items may be used for any reasonable purposes, including but not limited to, Promotional, Fundraising, Advertising, and/or Educational purposes, and need not include the child's name or any information about him/her. I waive the right to inspect and/or approve the appearance or use of the above-referenced items.

Parent/Guardian's Signature: _____ Date: _____

How did you pay? Check # _____ or Cash \$ _____ Amount \$ _____