



G.6.W.C

Presents

PENN STATE NATIONAL CHAMPIONS

CLINIC & TRAINING SESSIONS - GRADES 5-12

@ MUHLENBERG COLLEGE WRESTLING ROOM

24th and Liberty St., Allentown, PA



JOHN HUGHES

Lehigh University Associate Head Coach
3X All American & 1995 NCAA Champion
1994 Pan Am Games Gold Medalist
1994 University Freestyle National Champion
4X Pennsylvania State Champion

SANSHIRO ABE

Head Coach North Allegheny HS/Pittbull W.C.
4X All American & 1996 NCAA Champion
3X World Team Member for Japan & 1996 Olympian
1995 Asian Games Gold Medalist
Outstanding Wrestler 1996 National Team Duals



Saturday, October 3rd

10:00 AM - 11:30AM

12:30PM - 2:00PM

2:30PM - 3:30PM

Sunday, October 4th

9:00 AM - 10:30AM

11:00AM - 12:00PM

COST: \$150 includes both days / all sessions and G.6.W.C. Clinic T-Shirt

**Only open to the first 30 registrants / *Must be registered by 9/26/15*

**If space allows, walk-in prices will be: \$100 Saturday Session, \$70 Sunday*

Make Checks Payable To: Get 6 Wrestling Club LLC

Mail Payments To: Get 6 Wrestling Club, PO Box 1606, Allentown, PA 18105

www.Facebook.com/Get6Wrestling

[@Get6Wrestling](https://www.instagram.com/Get6Wrestling)

NAME (print): _____ AGE: _____ DOB: _____

GRADE: _____ WEIGHT _____ USA WRESTLING CARD # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL _____

SCHOOL NAME: _____

Parental Waiver and Consent:

I allow my child under my legal guardianship ("child"), to participate in the Penn State National Champs Clinic & Training Sessions put on by Get 6 Wrestling Club LLC at Muhlenberg College, 10/3/15 & 10/4/15. In consideration of this opportunity for my child to participate in wrestling activities, I hereby agree, for myself, my heirs, assigns, executors, & administrators, to be legally bound hereby & waive, release, & forever discharge Get 6 Wrestling Club LLC, John Hughes, Sanshiro Abe, Muhlenberg College, and its nonprofit partner agencies, its officers & directors, members, partners, funders, employees, & agents ("Releasees") from any & all liability, causes of action, suits, proceedings, damages, judgments, claims & demands whatsoever arising out of my child's participation in training sessions, clinic, and wrestling related activity. I am aware & agree that there are inherent risks of injury to my child and/or my child's property as a participant. I hereby give permission for my child to participate in all activities & expressly & specifically acknowledge that those activities may involve (a) physical activity while on the campus of Muhlenberg College, (b) contact with unidentified and unfamiliar persons, (c), & (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly & freely assume all such risk & damage to person or property arising there from, whether or not resulting from negligence, & agree to release the clinicians, hosts, site location, and all Releasees from any & all liability, actions, causes of action, claims and demands of every kind & nature whatsoever which I now have or which may arise out of or in connection with my child's participation in wrestling related activities..

Date: _____

Parent/Guardian Signature: _____

For more information contact Coach Shaun Lally at get6wrestling@gmail.com / 610-703-4974