



Our goal at Fury Wrestling Club is to aide wrestlers in achieving their personal goals through instruction, guidance and intense wrestling. We will provide our wrestlers with the skills required to succeed all while promoting personal development both on and off the mat.



A year round club dedicated to the sport of wrestling in the heart of Hunterdon County.

EDGE SPORTS CENTER  
12 KINGS CT  
FLEMINGTON NJ 08822



Phone: 908-751-3873

Web site:  
[WWW.THEEDGESPORTSCENTER.NET](http://WWW.THEEDGESPORTSCENTER.NET)

# Fury Wrestling Club

## COACHES

***KYLE BREWER***

4X DISTRICT CHAMPION  
3X REGION PLACE WINNER  
OVER 100 HIGH SCHOOL WINS  
WRESTLED FOR DREXEL UNIVERSITY  
WRESTLED AND GRADUATED FROM  
RUTGERS UNIVERSITY

***MARK EBERSTEIN***

2X DISTRICT CHAMPION  
REGION 5 CHAMPION, 2X FINALIST  
OVER 100 HIGH SCHOOL WINS  
STATE FINALIST, 2X STATE PLACE WINNER  
WRESTLED AND GRADUATED FROM  
UNIVERSITY OF MARYLAND



Give your child the  
Edge!

## SCHEDULE OF CLASSES

### TUESDAYS

KINDERGARTEN-5<sup>TH</sup> GR 6:30-7:30  
MIDDLE AND HIGH SCHOOL 7:30-9:00

### WEDNESDAYS

ALL AGES 7:00-8:30

### THURSDAYS

KINDERGARTEN-5<sup>TH</sup> GR 6:30-7:30  
MIDDLE AND HIGH SCHOOL 7:30-9:00

### SUNDAYS

KINDERGARTEN-5<sup>TH</sup> GR 5:00-6:30  
MIDDLE AND HIGH SCHOOL 6:30-8:00

For further information or to register,

Please contact

Fury Wrestling Club

908-751-3873

## REGISTRATION FORM

NAME \_\_\_\_\_

AGE \_\_\_\_\_

WT \_\_\_\_\_ HT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

MEMBERSHIP OPTIONS:

1month \$115 \_\_\_\_\_

3month \$250 \_\_\_\_\_

6month \$500 \_\_\_\_\_

1year \$900 \_\_\_\_\_

Workout card \$200 \_\_\_\_\_

**PLEASE INCLUDE ANY RELEVANT MEDICAL INFORMATION  
WITH THIS FORM**

I certify that my child above is in excellent health and may participate in physical activity. I agree to hold Fury Wrestling Club, The Edge Sports Center, its agents, employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participation. Permission is granted for my child to receive emergency treatment

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CHECKS PAYABLE TO:

The Edge Sports Center

12 Kings Ct

Flemington NJ 08822

Phone: 908-751-3873

E-mail: info@theedgesportscenter.net