

2011 SCHOOL OF CHAMPIONS

Prior to the regular high school season, sessions will consist of intense pre-season training so you will be in shape and ready to go when the high school wrestling season begins. Running, technique, hard wrestling and weight training will be a major part of the session. We will help you to get your timing back along with increasing your physical capabilities. We will also begin teaching proper weight management techniques, video critiquing, mental training and goal setting for the upcoming season.

DATES: September 11 - November 17, 2011
LOCATION: University of Minnesota Wrestling Room
(Group of 4+/family -- \$20.00 discount)

Elementary/Jr. High/High School (ages 6-18)
\$165.00
Sundays 6:30 – 7:30 pm

Select (all ages considered)
\$415.00
Sunday, Tues, Thurs 7:30 – 9:30 pm

Important: Fill in ALL Information Completely

Camper Name _____ **Parent/Guardian Name** (PLEASE PRINT) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone Number primary(_____) _____ secondary(_____) _____ **E-Mail** _____

High School _____ **Coach** _____ **Birth Date** (MM/DD/YY)_____/_____/_____

Height _____ **Weight** _____ **Gender** M F **HS Grad. Year 20** _____

(PLEASE CIRCLE) **T-Shirt Size:** YS YM YL S M L XL XXL

******Contract of Camp Application:** I recognize that there are dangers inherent in the sport of wrestling and its training elements, and agree to assume all risks related to my child's participation. I release, waive, discharge and covenant not to sue the University of Minnesota, its athletic department and staff, J. Robinson Intensive Camps and its staff, owners, employees, and agents from any and all claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to my child, whether caused by the negligence of the employees, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. I hereby grant J. Robinson Camps the right to use photographs, video images and/or other media of my child for advertising, publicity and/or other commercial purposes. *By signing below I acknowledge that I have read, understand and accept the above contractual agreements. I have read and willingly agree to the terms listed at <http://www.jrobinsoncamps.com/terms.php> (available in alternate formats by request).

Parent/Guardian Signature _____ **Date** ____/____/____

Applicant's Signature _____ **Date** ____/____/____

1. Check – Amount _____ Check # _____ Check Name (PLEASE PRINT) _____

2. Credit Card – Amount: _____ (PLEASE CIRCLE) VISA / MasterCard / Discover
Card #

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 Exp. Date

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Cardholder Name (PLEASE PRINT)

Cardholder Signature

Thank You. You will receive verification of receipt of your application within 10 business days. Mail Form to:
The School of Champions - 2520 East Hennepin Ave - Minneapolis, MN 55413
Online: JRobinsonWrestlingCamps.com - Phone: 888.333.6585 - Fax: 612.349.6584

