

## 2008 J Robinson Wrestling Camps

### Intensive Camps

**10 Day Midwest Intensive**  
\$899 - June 5-14 (Forest City, IA)

**14 Day Eastern Intensive**  
\$1295 - June 15-28 (Edinboro, PA)

**28 Day Intensive Camp**  
\$2295 - June 28-July-25 (Minneapolis, MN)

**14 Day Western Intensive**  
\$1295 - July 27-August 9 (Ashland, OR)

### Technique Camps

**Atlanta, GA**  
June 8-12  
 \$420 Resident  
 \$280 Commuter

**Cleveland, OH**  
June 22-26  
 \$420 Resident  
 \$280 Commuter

**Minneapolis, MN**  
July 13-17  
 \$420 Resident  
 \$280 Commuter

**Pomona, CA**  
July 27-31  
 \$420 Resident  
 \$280 Commuter

**Milwaukee, WI**  
June 15-19  
 \$420 Resident  
 \$280 Commuter

**Cortland, NY**  
July 13-17  
 \$420 Resident  
 \$280 Commuter

**Minneapolis, MN**  
July 20-24  
 \$420 Resident  
 \$280 Commuter

**Ellensburg, WA**  
August 3-7  
 \$420 Resident  
 \$280 Commuter

### Takedown Machine Camps

**Atlanta, GA**  
June 8-12  
 \$420 Resident  
 \$280 Commuter

**Cleveland, OH**  
June 22-26  
 \$420 Resident  
 \$280 Commuter

**Minneapolis, MN**  
July 13-17  
 \$420 Resident  
 \$280 Commuter

**Pomona, CA**  
July 27-31  
 \$420 Resident  
 \$280 Commuter

**Milwaukee, WI**  
June 15-19  
 \$420 Resident  
 \$280 Commuter

**Cortland, NY**  
July 13-17  
 \$420 Resident  
 \$280 Commuter

**Minneapolis, MN**  
July 20-24  
 \$420 Resident  
 \$280 Commuter

**Ellensburg, WA**  
August 3-7  
 \$420 Resident  
 \$280 Commuter

**Team Camp**

**Minneapolis, MN - \$375 - July 6-10**

**Youth Camp - Minneapolis, MN - July 13-17**

\$420 Resident

\$280 Commuter

\*\*\*Important: Fill in ALL Information Completely\*\*\*

**Camper Name** \_\_\_\_\_ **Parent/Guardian Name** (PLEASE PRINT) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number** Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**High School** \_\_\_\_\_ **Coach** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Roommate Request** \_\_\_\_\_ **Birth Date** (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Gender** M F **HS Grad. Year** \_\_\_\_\_

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

**Past Camper?** NO YES: Year \_\_\_\_\_ Camp attended \_\_\_\_\_

There is a required \$50 dorm room key deposit (returned upon check-out pending key return & room evaluation) and a mandatory \$15 secondary payer insurance policy.

**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** \_\_\_\_/\_\_\_\_/\_\_\_\_

A NON-REFUNDABLE deposit is due with your application (\$300 for Intensive Camps, \$100 for 5 Day Camps)

**Payment Method:**

I would like confirmation materials via:

(PLEASE CIRCLE) U.S. Mail Internet

Check - Amount \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card - Amount: \_\_\_\_\_ (PLEASE CIRCLE) VISA / MasterCard / Discover

Card #           Exp. Date

Enrollment Code <b>WR - Y</b>
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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:

**J Robinson Wrestling Camps - 2520 East Hennepin Ave - Minneapolis, MN 55413**  
**Online: JRobinsonWrestlingCamps.com - Phone: 888.333.6585 - Fax: 612.349.6584**