# 2010 J Robinson Wrestling Camps

## *Intensive Camps*

☐ **10 Day Midwest Intensive** — **$899 -** June 10-19 (IA)

☐ **14 Day Eastern Intensive** — **$1295 –** June 20-July 3 (Edinboro, PA)

☐ **28 Day Intensive Camp** — **$2395 –** July 3-30 (Minneapolis, MN)

☐ **14 Day Western Intensive** — **$1295 –** August 1-14 (West Coast)

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## *Technique Camps*

**Lock Haven, PA**
TBD
☐ $399 Resident
☐ $299 Commuter

**Minneapolis, MN1**
July 11-15
☐ $399 Resident
☐ $299 Commuter

**Minneapolis, MN2**
July 18–22
☐ $399 Resident
☐ $299 Commuter

**California**
TBD
☐ $399 Resident
☐ $299 Commuter

**Ellensburg, WA**
TBD
☐ $399 Resident
☐ $299 Commuter

## *Takedown Camps*

**Lock Haven, PA**
TBD
☐ $399 Resident
☐ $299 Commuter

**Minneapolis, MN1**
July 11-15
☐ $399 Resident
☐ $299 Commuter

**Minneapolis, MN2**
July 18–22
☐ $399 Resident
☐ $299 Commuter

**California**
TBD
☐ $399 Resident
☐ $299 Commuter

**Ellensburg, WA**
TBD
☐ $399 Resident
☐ $299 Commuter

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***Youth Camp* - Minneapolis, MN –** July 11–15 ☐ $399 Resident ☐ $299 Commuter

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***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**_____

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

**Roommate Request**_____ **Birth Date** (MM/DD/YY)_____/_____/_____

**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_____

**Required $60 dorm room key deposit (returned upon check-out pending key return & room evaluation)**

******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** _____/_____/_____

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

☐ Check to Purchase Deposit Insurance (see website for details)
**$40 for Intensive Camps, $15 for 5-Day Camps**
Must be purchased at the time of registration, non-refundable.

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

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

_____ _____
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**