

2012 J Robinson Wrestling Camps

Intensive Camps

10 Day Midwest Intensive
June 7-16 (Forest City, IA)
\$1,030

14 Day Eastern Intensive
June 17-June 30 (Edinboro, PA)
\$1,499

28 Day Intensive Camp
June 30-July 27 (Minneapolis, MN)
\$2,680

14 Day Western Intensive
July 29- Aug. 11 (Ashland, OR)
\$1,495

5 Day Wrestling Camp

Dahlonega, GA
June 17-21
 \$449 Resident
 \$349 Commuter

Carlsbad, CA
June 24-28
 \$TBA Resident
 \$TBA Commuter

MPLS, MN1
July 8-12
 \$449 Resident
 \$349 Commuter

Minot, ND
July 8-12
 \$449 Resident
 \$349 Commuter

MPLS, MN2
July 15-19
 \$449 Resident
 \$349 Commuter

Tacoma, WA
July 22-26
 \$449 Resident
 \$349 Commuter

Louisiana
August, TBA

*Youth Camp is MN1 Camp

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) ____/____/____

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

(PLEASE CIRCLE) **T-Shirt Size:** YM YL 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 10 and 14 day Intensive Camps, \$400 for 28 day camp and \$100 for 5-Day Camps)

Check to Purchase Deposit Insurance (see website for details)
\$50 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 OL