

2010 Application

Location: U of MN Wrestling Room

Elementary/Jr. High/High School (age 6-18) \$150
Dates: Sept 12-Nov 14
Day: Sundays 6:30-7:30 pm

Select (all considered) \$400
Sept 12-Nov 18
Sun, Tues, Thurs 7:30-9:30 pm

Important: Fill in ALL Information Completely

Camper Name _____ Parent/Guardian (PLEASE PRINT) _____

Address _____ City _____ State _____ Zip _____

Telephone primary (____) _____ secondary (____) _____ E-Mail _____

School/Club _____ Coach _____

Birth Date (MM/DD/YY) ____/____/____ Weight _____ Gender M F H.S. Grad. Year _____

(PLEASE CIRCLE) T-Shirt Size: Y-S Y-M Y-L Y-XL S M L XL XXL

(Adult Sizes - 100% Cotton)

(PLEASE CIRCLE APPLICABLE DISCOUNT) Group (4+) Family (2+)

Contract of Camp Application: I recognize that there are dangers inherent in the sport of wrestling and it's 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.html> (available in alternate formats by request).

Parent/Guardian Signature _____ Date ____/____/____

Applicant's Signature _____ Date ____/____/____

A \$100 **NON-REFUNDABLE** deposit is due with your application

Payment Method:

Check – Amount: _____ Check#: _____

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

Card # Exp.



Cardholder Name (PLEASE PRINT)

Cardholder Signature

Once your application is received, you will be sent confirmation of acceptance, directions, a balance due statement and medical history forms.
Mail this form with your deposit to: **School of Champions – c/o J Robinson Camps - 2520 East Hennepin Ave - Minneapolis, MN 55413**
Phone: 612.349.6585 - Fax: 612.349.6584 - Online: TheSchoolOfChampions.com - Email: info@JRobinsonCamps.com