



2017/18 XTREME TRAINING SUMMER WRESTLING CAMP

9am – 2pm daily

WEEK 1: June 19-22 (focus on leg attack finishes)

WEEK 2: June 26-29 (focus on leg riding)

SESSION 1: 9am – 11am (technique)

LUNCH: 11am – NOON (bring your own)

SESSION 2: NOON – 12:45pm (drills)

SESSION 3: 1pm – 2pm (live work)

CAMP LOCATION:

CBC HIGHSCHOOL

1850 De La Salle Dr., St. Louis, MO 63141

Contact Coach Robinson@ (314)757-3345 or crob_us@yahoo.com

Directed by: **COACH CORNELL ROBINSON**

- FILA Certified (2013)
- FILA Junior World Team coach (2012)
- Olympic Development Camp Clinician (2013-present, OTC)
- Pan American Coach, Cadet-Greco (2013)
- Assistant coach, MO National Team-Greco Roman/Freestyle (2007-present)
- Missouri Coach of the year (2012 & 2013)

****CAMP COST: \$300 for 2 weeks / \$200 for 1 week****

Checks should be made payable to: **XTREME TRAINING LLC**

Complete and return this application along with camp fee

to: **XTREME TRAINING-WRESTLING CAMP**

ATTN: CORNELL ROBINSON

1850 De La Salle Dr., St. Louis, MO 63141

Student Name: _____

Phone #1: _____ Phone #2: _____

Address: _____

Email: _____

AGE: _____ GRADE: _____ (entering 2016)

School/Parish: _____

Insurance Coverage: _____

Policy #: _____

Because of rising insurance costs and our efforts to keep our fees reasonable, all campers must cover themselves for any injury or sickness incurred while attending XTREME TRAINING Wrestling Camp. I hereby authorize and direct camp staff to exercise and act in their best judgment, in the event that any medical emergency regarding my child may arise. I confirm that my child is covered by medical insurance. I hereby give my permission for emergency medical treatment in the event I cannot be reached. This also assures the XTREME WRESTLING Staff that my child is in good physical condition and health and may participate in all camp activities

(Print) Parent/Guardian Name: _____

Signature: _____ Date: _____