

Schedule*

Monday, June 8

8:00am Registration, weight-ins
9:00am Technique Session #1
11:00am Shower
11:30am Lunch
1:00pm Technique Session #2
2:00pm Competition Session #1
3:15pm Core Training Session #1
4:00pm Day 01 Concludes

Tuesday, June 9

9:00am Technique Session #3
11:00am Shower
11:30am Lunch
1:00pm Technique Session #4
2:00pm Competition Session #2
3:15pm Core Training Session #2
4:00pm Day 02 Concludes

Wednesday, June 10

9:00am Technique Session #5
11:00am Shower
11:30am Lunch
1:00pm Technique Session #6
2:00pm Competition Session #3
3:15pm Core Training Session #3
4:00pm Day 03 Concludes

Thursday, June 11

9:00am Technique Session #7
11:00am Shower
11:30am Lunch
1:00pm Technique Session #8
2:00pm Competition Session #4
3:15pm Core Training Session #4
4:00pm Day 04 Concludes

Friday, June 12

9:00am Technique Session #9
11:00am Shower
11:30am Lunch
1:00pm Competition Session #5
3:00pm Clinic concludes

* Schedule is subject to change

WHAT TO WEAR...WHAT TO BRING

1. Clean workout clothes for every session (shorts, long-sleeve t-shirt, socks, underwear etc)
2. Running shoes and wrestling shoes
3. Headgear and knee pads
4. Soap, shampoo and towel for showering
5. Notepad and writing utensil

Registration Form

Wrestler's Name: _____
Parent/Guardian's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Secondary Phone: _____
Email: _____ School: _____
T-shirt Size: S M L XL XXL

Birth Date: _____
APPRX Weight: _____
Gender: _____
Grade: _____

I recognize that there are inherent dangers in the sport of wrestling and agree to assume all risks related to my child's participation. I understand that while the Iolani Wrestling Clinic will provide athletic trainers for the event, neither Iolani School nor the Iolani Clinic will provide medical insurance in the case that my child is injured.

Parent/Guardian's Signature: _____

Date: _____

'Iolani School Liability Waiver

We/I, the parent(s) of _____, authorize our/my child to participate in the 'Iolani Raider Wrestling Clinic from June 8 – June 12, 2015 at 'Iolani School.

We/I also authorize any medical treatment in case of emergency, and agree that we/I will be responsible for the cost of treatment.

The undersigned agree(s) to release, hold harmless and indemnify 'Iolani School, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to our/my child which are not the result of gross negligence, intentional neglect, or of willful or wanton conduct by the school, or its agents, representatives, or employees.

Mother's Name: _____

Father's Name: _____

Emergency Contact Person: _____
(other than parents)

Physician: _____

Medical Insurance: _____

Mother's/Guardian's Signature: _____ Date _____

Father's/Guardian's Signature: _____ Date _____

Student's Signature: _____ Date _____