

Robinson Wrestling and Robinson Athletic Boosters

Present the

2016 Pre-Season Clinic Series
October 8-9 and October 29-30

Featuring

\$225

\$225



October 8-9

Erik and Scott Burnett

Widely recognized as the top Youth and High School Coaches in the nation, Erik and Scott have developed a system that has produced over 30 NCAA All-Americans, 6 NCAA Champions and an incredible number of high school State champions. Last year alone they trained 19 Ohio State finalists and 47 state place winners. Last year they also coached 5 NCAA All-Americans and 12 NCAA Qualifiers. Their Teaching style is engaging, well-paced and fun!



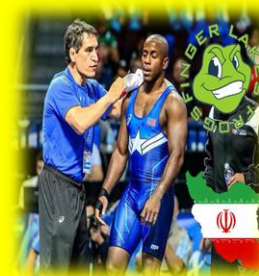
October 29-30

Ahad Javansalehi

W/members of the Cornell wrestling team

Ahad brings a wealth of experience and knowledge to our sport. He is a Dynamic Coach with an international flair! He is a:

- *3x Olympic team member for Iran and an Asian champion
- *Iranian national team members 1983-1996
- *Only Iranian to become national team member in 6 different weight classes
- *USA National Team and World Team coach 2013-present
- *USA Junior World Team Coach 2016
- * Currently RTC head coach at Cornell University.



For more information, call Bryan Hazard at 703-517-6825 or email him at bthazard@fcps.edu. These will be great clinics for wrestlers at every level, and we look forward to seeing you!

See below for individual registration/waivers and clinic specifics.

Robinson Secondary School – 5035 Sideburn Rd. Fairfax, VA 22032

Burnett Trained Pre-Season Training Camp

Featuring Erik Burnett and Scott Burnett

NCAA All-American (Clarion University) – 4X Ohio State

Champion Head Coach Burnett Trained Wrestling Club & Director of BTW
Camps – OHIO National team Head Freestyle Coach

October 8-9 at Robinson Secondary School

5035 Sideburn Rd. Fairfax, VA 22032



\$100



Erik and Scott Burnett will bring a wealth of knowledge, experience and results to this high paced instructional training camp on Saturday & Sunday October 8-9.

Their coaching results speak for themselves!

Nathan Tomasello
Logan Steiber
Ryan Lang
Lance Palmer
Mark Angle
Hunter Steiber
Sheldon Thomas

NCAA Champ
NCAA Champ
NCAA Runner Up
NCAA Runner-up
NCAA All American
NCAA All American
NCAA Champ

Kevin Vough
Ben Darmstadt –
Dan Mitcheff
Gray Maynard –
Dustin Kilgore
Ian Miller
Cam Tessari

State Champ - #1 Hwt in the nation
Fargo Champ
NCAA All-American
NCAA All-American & UFC Champ
NCAA Champion
NCAA All-American
NCAA All-American

Last year alone, Coach Burnett trained 19 Ohio State finalists and 47 state place winners. He also has success at the NCAA levels coaching, in last year alone, 5 All-Americans and 12 NCAA qualifiers!



Schedule:

Saturday 10/8 - 3 Sessions:

- 9-11:30 AM – Session 1
- Lunch
- 2-4 PM – Session 2
- Dinner
- 6-8:30 PM –

Session 3 Sunday

10/9 –1 Session

- 9-12 Noon

You can see more about Coach Burnett at: <http://www.flowrestling.org/speaker/973-Erik-Burnett>

Ahad Javansalehi and Cornell University RTC Pre-Season training Camp

- * 3x Olympic team member
- * Iranian national team members 1983-1996
- * USA National Team and World Team coach 2013-2016
- * Currently RTC head coach at Cornell University.
- * Only Iranian to become national team member in 6 different weight classes
- * Bachelor Degree in Sport Science
- * Asian champion

\$150

October 29-30

Robinson Secondary School – 5035 Sideburn Rd. Fairfax, VA 22032



Schedule:

Saturday 10/8 - 3 Sessions

- 9-11:30 AM – Session 1
- Lunch
- 2-4 PM – Session 2
- Dinner
- 6-8:30 – Session 3

Sunday 10/9 – 1 Session

- 9-12 Noon – Session 4



See more about Coach Javansalehi at:

<http://portlandtribune.com/ceo/165-sports/270287-144616-bringing-a-passion-for-wrestling-to-crook-county>

Coach Ahad is known throughout the world for his perfect technique and his mental approach to the sport. He is the head Coach for Cornell's Regional training site that houses Olympians, National Champions and All-Americans.

Many of Cornell's team members attribute their success to coach Ahad!



REGISTRATION FORM:

Camp brought to you by Robinson Wrestling and the Rams Athletic Boosters

You must bring your own Lunch/Dinner

Campers name: _____ School: _____

Home Address: _____

Telephone #: () Parents Cell Phone #: () _____

Emergency Contact Name & Phone #: () _____

Allergies or Health concerns: _____

Parent Signature: _____

Questions call: Bryan Hazard @ 703-517-6825 or email bthazard@fcps.edu

Make \$225 checks payable to: **Rams Athletic Boosters**

Individual Clinic price

\$100 – Burnette Clinic

\$225 – Ahad Javansalehi Clinic

Mail Check/Registration/Waiver to: 5035 Sideburn Rd. Fairfax, VA 22032

A receipt will be emailed to you following any transaction. Email _____

No Refunds

REGISTRATION

Please provide specific written instructions for any special medical condition that you deem necessary while participating in this camp. I verify that my child has been seen by a licensed physician and is physically able to participate in the camp. I hereby authorize the staff of the Burnett Trained training Camp and Robinson Wrestling to act for me according to their best judgment in any medical emergency. I waive and release this camp from any liability, injuries or illness incurred while attending this camp. The camper shall use the facilities at his or her own risk. Fairfax County Public Schools and its staff shall not be liable for any damages.

Signature of parent or guardian & Date

Insurance Company & Policy Number

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.

Rams Athletic Boosters, Robinson Wrestling and Erik Burnette. Owner (Company and/or Person)

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.

3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Burnett Trained Pre-Season Training Camp at Robinson Secondary School

S/ _____ Signature
of Adult Participant Name of Adult Participant
(Please Print)

Date _____

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

S/ _____

Signature of Parent or adult legal Guardian if Name of Parent or adult legal Guardian

(Please Print)

Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have:

_____ Name of Minor (Please Print) / Date _____