

2011 IOLANI WRESTLING CLINIC

Sanctioned by USA Wrestling and Grapplers HI

Monday, June 6 through Friday, June 10

Welcome to the 2011 Iolani Wrestling Clinic. Our clinicians and coaches will work hard to improve your wrestling ability, but the most important person in deciding how much progress you are going to make is YOU! Come prepared to learn. Come prepared to work. Come prepared to make the most out of your experience. In wrestling, your most critical asset is the attitude you bring to the mat every single day.

Format of the Iolani Clinic includes:

- World Class technique instruction & skill development
- Live competition, with an emphasis on situation wrestling & drills

Featuring Lead Clinician:

Freestyle Wrestling World Champion and Olympian



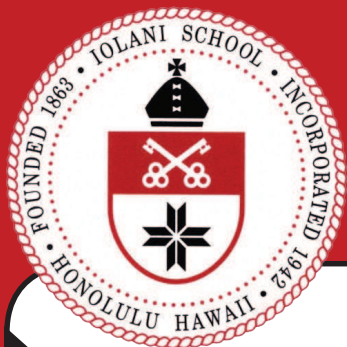
Les Gutches

**Director of Program
Development**



- 1997 Freestyle World Champion
- 1999 World Bronze Medalist
- 2x NCAA Div. I National Champion
- First Team Academic All-American
- 1996 Hodge Trophy winner
- Distinguished Member - National Wrestling Hall of Fame
- 5x US Open Freestyle Champion
- Outstanding Wrestler at US Open and NCAA Championships
- Assistant Coach at Oregon State (1996 - 2005)
- MBA Honors Graduate, Oregon State





2011 IOLANI WRESTLING CLINIC

Camp Schedule

Monday, June 6

8:00am Registration, weight-ins
9:00am Technique Session #1
11:00am Shower
11:30am Lunch
1:00pm Technique Session #2
2:30pm Competition Session #1
3:30pm Skills, Drills, and Games #1
4:00pm Day one concludes

Wednesday, June 8

9:00am Technique Session #5
11:00am Shower
11:30am Lunch
1:00pm Technique Session #6
2:30pm Competition Session #3
3:30pm Skills, Drills, and Games #3
4:00pm Day three concludes

Friday, June 10

9:00am Technique Session #9
11:00am Shower
11:30 Lunch
1:00 Competition Session #5
2:30 Clinic concludes

Tuesday, June 7

9:00am Technique Session #3
11:00am Shower
11:30am Lunch
1:00pm Technique Session #4
2:30pm Competition Session #2
3:30pm Skills, Drills, and Games #2
4:00pm Day two concludes

Thursday, June 9

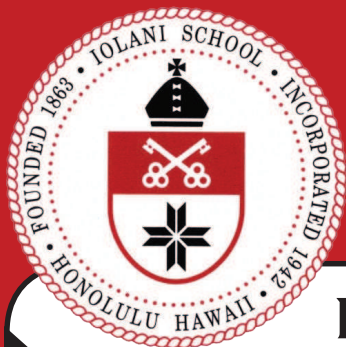
9:00am Technique Session #7
11:00am Shower
11:30am Lunch
1:00pm Technique Session #8
2:30pm Competition Session #4
3:30pm Skills, Drills, and Games #4
4:00pm Day four concludes



What to Wear & What to Bring

1. Clean workout clothes for every session - shorts, long-sleeve t-shirt, socks, underwear etc...
2. Wrestling shoes
3. Headgear (can be borrowed for a \$25 deposit @ registration)
4. Kneepads (can be borrowed for a \$25 deposit @ registration)
5. Soap, shampoo and towel for showering
6. Notepad and writing utensil





2011 IOLANI REGISTRATION FORM

Monday, June 6 through Friday, June 10

Registration Form

Wrestler's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____ Approx Wt: _____

Address: _____ Gender: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Secondary Phone: _____

Email: _____ School: _____

Grade: _____

T-shirt Size: S M L XL XXL

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, the Iolani Clinic, or Les Gutches, will provide medical insurance in the case that my child is injured. By signing below I certify that my child is covered by medical insurance.

Parent/Guardian's Signature: _____

Date: _____

Camp Fee: \$225 per wrestler. Check due by May 27, 2011. Camp fee covers the cost of the clinic, camp shirt and lunches.

Team discount: \$200 per wrestler with 6 or more participants from the same school - that register at same time.

Make Checks Out to Iolani School
Mail Registration Form and Checks to:
Iolani School Wrestling Clinic
563 Kamoku St., Honolulu HI 96826

Important Contact Information:
Iolani Wrestling Head Coach Phone Number: 808.349.0293
Stan Teruya e-mail: SATT4@aol.com





RELEASE AND WAIVER OF LIABILITY AGREEMENT

Monday, June 6 through Friday, June 10

Please fill out and sign this form. Note that minors will need their parent/guardian to complete the bottom portion. Athletes who have not turned in a completed waiver will not be permitted to take part in the Iolani Wrestling Camp.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation ,or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE:

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

