

THE GRANBY SERIES

TAKEDOWNS

Learn...

- ♦ setups and finishes for the Sweep Single
- ♦ simple setups for the Inside Step and Russian Arm Series
- ♦ the Granby School's Front Head Lock Series
- ♦ our patented Iranian Series to successfully finish poor shots



BOTTOM

Learn...

- ♦ the Shoulder Granby, the hold that Billy Martin invented
- ♦ the Head Shrug, the basis building block on the bottom that can be executed from the ref position, sit-out, or change-over motion
- ♦ the Head Granby, the most powerful shrug from the bottom
- ♦ our patented Forced Roll series that finishes all bottom techniques with a sure five-point hold
- ♦ our Standing Rolls that can be easily incorporated with your stand-up series
- ♦ Tilt and leg defense



TOP

Learn...

- ♦ the Radman Ride and how it sets up the Arm Bar and Churella Tilts, Turks, and Cradles
- ♦ special techniques to stop the Stand-up, Switch, and all first holds off the whistle
- ♦ Tilt and leg defense

At Session 5 a Coaches Meeting will be conducted on how to:

- **Run a practice
- **Conditioning
- **Strength Training
- **How to run and set-up a championship program from scratch
- **Psychology

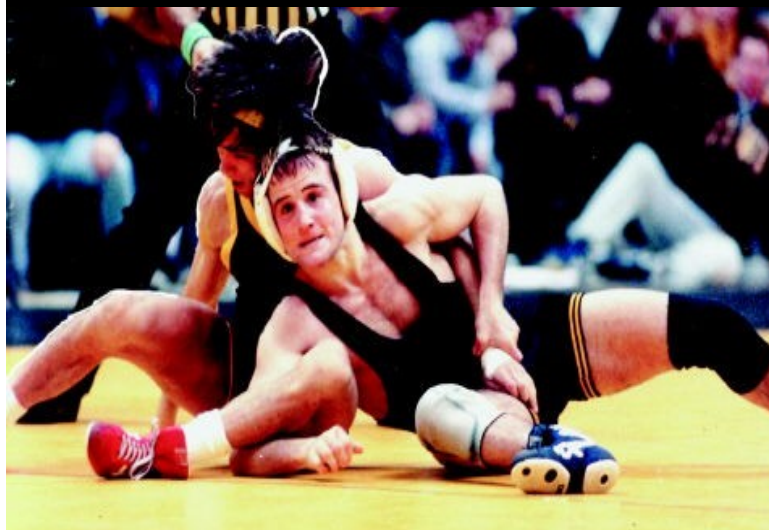
***A short video will be shown to illustrate that the technique shown at this clinic works in championship competition**

***A modified practice simulation will take place**

***Standing Granby competition will take place**

***18 hours of Instruction**

The Martin's Granby School of Wrestling, Inc. Clinic 2017



Site/Dates

***Detroit Catholic Central HS
27225 Wixom Rd
Novi, MI 48374**

***June 23-25, 2017**

**Presented
Granby School
of
Wrestling, Inc
For More
Information
Call
757-482-2177**

Register online at:
www.granbyschool.com

**Granby School of Wrestling, Inc.
PO BOX 15265
Chesapeake, VA 23328
1-757-482-2177**

*****Detroit Catholic High School**

June 23-25, 2017

Photo Copies
Accepted

Detach and Mail

CASH, MONEY ORDERS, CASHIERS CHECK
ACCEPTED ONLY ON SITE



Granby School of Wrestling, Inc.

Application and Parental Permission

Name _____
Address _____
City/State/Zip _____
E-mail Address _____
School _____
Age _____ Weight _____
Phone () _____ Fax () _____
Coach _____ Grade _____
Experience _____ Years _____

_____ June 23-25, 2017
Detroit Catholic Central High School
Novi, Michigan
Deposit of _____ Check # _____

****Cost: \$240.00 for Clinic**

Detroit Catholic Central Clinic

June 23
Registration—8:00-9:00 AM
Session 1—9:00-12:00
Lunch-12:00-1:00
Session 2-1:00-4:00

June 24
Session 3-9:00-12:00
Lunch on your own-12:00-1:00
Session 4-1:00-4:00

June 25
Session 5 –8:00-1:00

****TIMES ARE SUBJECT TO CHANGE**

ENROLLMENT

To enroll in the Granby Clinic you may pay in full or send a **\$100 non-refundable deposit** with your application. **Balance may be paid at registration by cash only. NO CHECKS WILL BE ACCEPTED 14 DAYS PRIOR TO REGISTRATION. ONLY CASH, CERTIFIED CHECK OR MONEY ORDER ACCEPTED AT REGISTRATION.** Early registration is encouraged. No wrestler will be accepted without a signed parental permission and waiver form. **Deposits are non-transferable.**

Mail to: Granby School of Wrestling PO Box 15265, Chesapeake, VA 23328 Include **deposit** (check or Money order) of \$100.00 **payable to Granby School of Wrestling. Only CASH, CERTIFIED CHECK OR MONEY ORDER ACCEPTED AT REGISTRATION.** Upon receipt of deposit you will receive a confirmation letter. This form may be duplicated. Do not send form without parents signature.

Parents : Please read and sign

- 1) My son has permission to attend /Granby School of Wrestling, Inc.
- 2) I have no knowledge of any physical impairment that would affect or be affected by my son's participation in the Granby School of Wrestling, Inc.
- 3) I acknowledge that at camp my son will participate in a sport that will involve physical contact of the body with other persons or objects including that mat where he may incur a risk of injury.
- 4) I specifically, fully and forever, waive and release Granby School of Wrestling, Inc, its owners and staff from liability and claims for damages my son may sustain at camp and in his travel to and from said camp.
- 5) In the event of an emergency in which my son requires medical care, I authorize the staff of the Granby School of Wrestling, Inc. to obtain, for him, necessary medical treatment.

Drug Sensitivities _____
Insurance Co _____
Other Allergies _____
Policy Number _____
Emergency Phone Number _____

Parent/Guardian Signature

Parents please read and sign :

In consideration of Detroit Catholic Central High School providing sponsorship and/or facilities for this program and / or Detroit Catholic Central High School providing facilities, I hereby release and hold harmless and agree to indemnify Detroit Catholic Central High School and/ or Mitch Hancock and/ or the DCC wrestling program and their employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injuries or property sustained or caused by me or my ward while participating in any program offered by Detroit Catholic Central High School. I understand that fees do not include accident or personal property insurance. I further understand that I am, or my child or ward is physically capable of participating in the program based upon consultation with my, or my child's or ward's personal physician.

Parent Signature

Detroit Central Catholic High School

Contact: Dave Beazley
Cell: 248-497-5230
Email: Dkbeazley@aol.com

Local Hotels:
Comfort Suites Hotel Novi Wixom
28049 Wixom Rd, Wixom, MI
48393
248-504-5080