

## 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

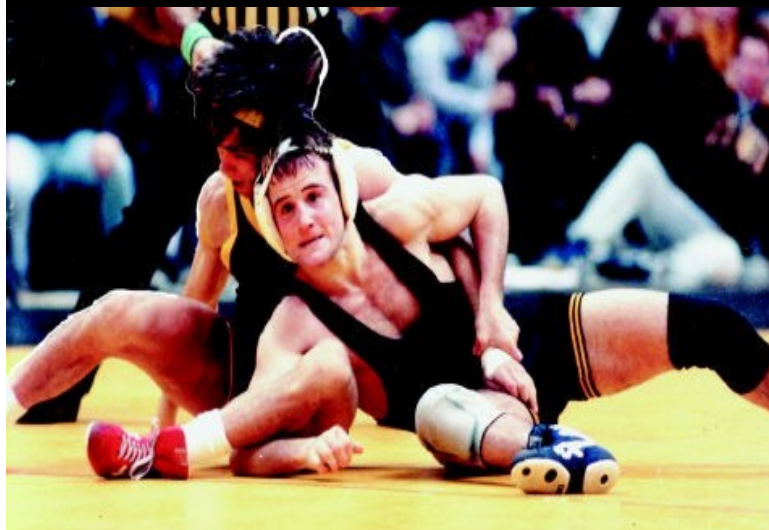
**\*A short video will be shown to illustrate that the technique shown at this clinic works in championship competition**

**\*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

**\*3 Style Wrestling  
4501 Avenue H  
Rosenberg, TX 77471**

**\*June 12-14, 2017**

**Presented  
Granby School  
of  
Wrestling, Inc.  
For More  
Information  
Call  
1-757-482-2177**

Register online at:  
**[www.granbyschool.com](http://www.granbyschool.com)**

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

**June 12-14, 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 \_\_\_\_\_

3 Style Wrestling Club  
Rosenberg, TX

\_\_\_\_\_ June 12-14 2017  
Deposit of \_\_\_\_\_ Check # \_\_\_\_\_

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

## 3 Style Wrestling Clinic

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

June 13  
Session 3-9:00-12:00  
Lunch on your own-12:00-1:00  
Session 4-1:00-4:00 PM

June 14  
Session 5 –8:00 AM- 1:00 PM

**\*\*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 athlete’s participation in the **Granby School of Wrestling, Inc.**
- 3) I acknowledge that at camp my athlete 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 athlete may sustain at camp and in his/her travel to and from said camp.
- 5) In the event of an emergency in which my athlete requires medical care, I authorize the staff of the **Granby School of Wrestling, Inc.** to obtain, for him/her necessary medical treatment.

Drug Sensitivities \_\_\_\_\_  
Insurance Co \_\_\_\_\_  
Other Allergies \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

GRANBY SCHOOL STAFF



All of our staff members are master teachers.

The majority of the staff coach at

the high school level in championship programs.

The remaining portion of our staff are competing

In college at Old Dominion University or wrestle

For several Division I Universities throughout the

Nation. All are products of the Granby School and

Excellent teachers.

HIS ORGANIZATION AND ITS ACTIVITIES ARE NOT

RELATED TO OR SPONSORED BY LAMAR CISD.

## Foster High School Commuter Camp Contact

Contact: Jeff Rayome  
Cell: 927-743-2087  
Email: jrayome@Lcisd.org