

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 V a Coaches Meeting will be conducted on how to:

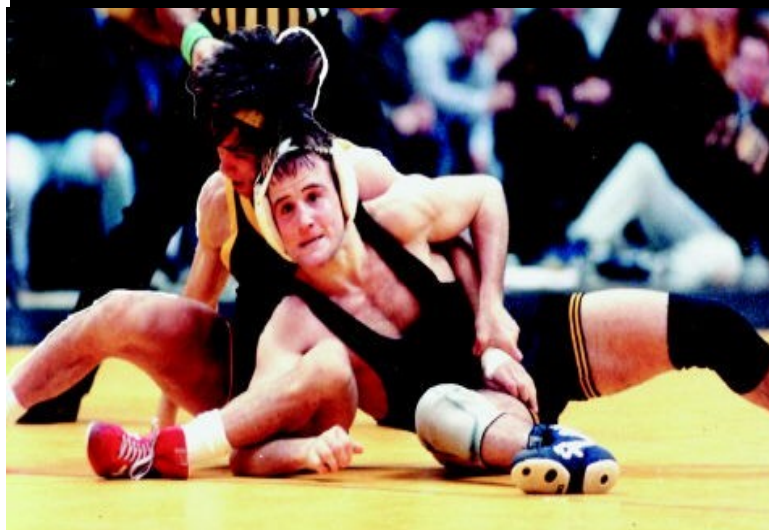
- **Run a practice
- **Conditioning
- **Strength Training
- **How to run and set-up a championship program from scratch
- **Psychology

***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**

The Martin's Granby School of Wrestling, Inc. Clinic 2018



Site/Dates

*Islands High School
170 Whitmarsh Island Rd
Savannah, GA 31410

June 18-20, 2018

OPEN TO ANY AND ALL ENTRANTS
www.granbyschool.com

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

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

*** Savannah, GA Commuter Camp**

June 18-20, 2018

Photo Copies
Accepted

Detach and Mail

Granby School of Wrestling, Inc
OPEN TO ANY AND ALL ENTRANTS

Application and Parental Permission

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

_____ June 18-June 20, 2018
Islands High School
Savannah, GA
Deposit of _____ Check # _____

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

Georgia Commuter Camp

June 18

8:00-9:00 AM – Registration
9:00-AM – 12:00 PM – Session I
12:00-1:00 PM—Lunch on your own
1:00-4:00 PM—Session II

June 19

9:00 AM – 12:00 PM – Session III
12:00 – 1:00 PM – Lunch on their own
1:00 – 4:00 PM – Session IV

June 20

9:00 AM – 12:00 PM – Session V
12:00 – 1:00 PM – Lunch on their own
1:00 – 4:00 PM – Session VI

TIMES ARE SUBJECT TO CHANGE

CASH, MONEY ORDERS, CASHIERS CHECK
ACCEPTED ONLY ON SITE

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 in volve 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 the **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

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.

Georgia Camp

Contact: Jason Creager
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Jason.creager@sccpss.com