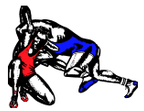
THE GRANBY SERIES

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:

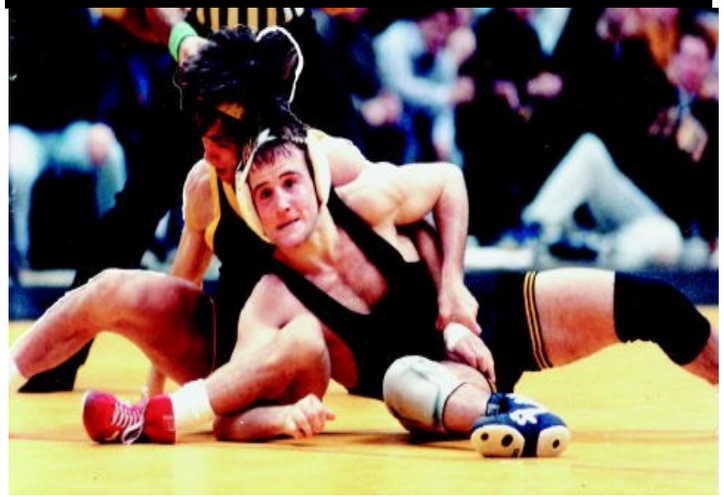
**Run a practice
**Conditioning
**Strength Training
**How to run and set-up a championship program from scratch
**Psychology

***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

***Old Dominion University Wrestling Room**
4509 Elkhorn Avenue
Norfolk, VA 23508

July 9-11, 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**

***Old Dominion University Commuter Camp**

July 9-11, 2018

Photo Copies Accepted

Detach and Mail

CASH, MONEY ORDERS, CASHIERS CHECK ACCEPTED ONLY ON SITE

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

_____ July 9-July 11, 2018
Old Dominion Wrestling Room
Norfolk, VA
Deposit of _____Check #_____

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

*

ODU Commuter Camp

Monday July 9

8:00-9:00 AM – Registration

9:00-AM – 12:00 PM – Session I

12:00-1:00 PM—Lunch on your own

1:00-3:00 PM—Session II

Tuesday July 10

9:00 AM – 12:00 PM – Session III

12:00 – 1:00 PM – Lunch on their own

1:00 – 3:00 PM – Session IV

Wednesday July 11

9:00 AM – 12:00 PM – Session V

12:00 – 1:00 PM – Lunch on their own

1:00 – 3:00 PM – Session VI

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 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.

Old Dominion Commuter Camp

Contact: Steve Martin
Phone: 757-373-6177
Email: smartin@odu.edu

Contact: Mike Dixon
Phone: 812-219-8780
Email: mjdixon@odu.edu