

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:

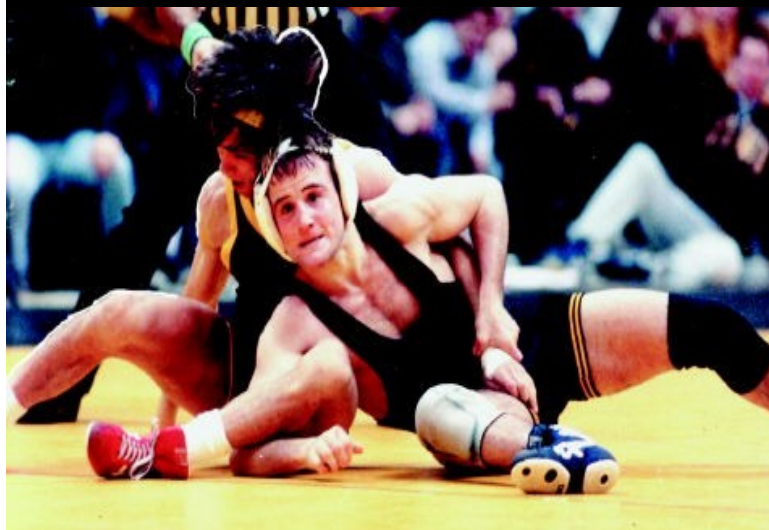
- **Run a practice
- **Conditioning
- **Strength Training
- **How to run and set-up a championship program from scratch
- **Psychology

***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 2019



Site/Dates

*Mayfield High School
6116 Wilson Mills Rd
Mayfield, Ohio 44143

July 8-10, 2019
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**

*** Commuter Camp**

July 8-10, 2019

Photo Copies
Accepted

Detach and Mail

CASH, MONEY ORDERS, CASHIERS CHECK
ACCEPTED ONLY ON SITE

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.

Commuter Camp

Contact: Dwight Fritz
Phone: 440-813-2925
Email: dfritz@mayfieldschools.org

Local Hotel:
Holiday Inn Mayfield Village
780 Beta Drive
Mayfield, OH
441413
(800) 345-8082

OPEN TO ANY AND ALL ENTRANTS

Application and Parental Permission

Name _____
City/State/Zip _____
School _____
Age _____ Weight _____
Phone () _____ Fax () _____
Coach _____ Grade _____

Address _____
E-mail Address _____

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.

- Parents : Please read and sign
- 1) My son /daughter 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/daughter’s participation in the Granby School of Wrestling, Inc.
 - 3) I acknowledge that at camp my son/daughter will participate in a sport that will involve physical contact of the body with other persons or objects in cluding 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 /daughter may sustain at camp and in his travel to and rom said camp.
 - 5) In the event of an emergency in which my son/daughter requires medical care, I authorize the staff of the Granby School of Wrestling, Inc. to ob tain, for him, necessary medical treatment.
 - 6) I authorize the release of medical information (HIPAA) and emergency treatment in the case the parent/legal guardian/emergency contact cannot be reached for permission
 - 7) I authorize permission for the camp and camp medical personnel to adminis- ter medications and permit self-administration of specified medications.

Please List any Health Conditions, including allergies that could impact his/her participation in the program:

Health Conditions _____
Drug Sensitivities _____
Other Allergies _____

Health Insurance Company _____
Policy Number _____

Emergency Contact Information:

- Name _____
- Address _____
- Phone Number _____

Parent/Guardian Signature _____

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, CERTI- FIED CHECK OR MONEY ORDER ACCEPTED AT REGIS- TRATION. Early registration is encouraged. No wrestler will be ac- cepted without a signed parental permission and waiver form. De- posits are non-transferable.