

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

A Coaches Meeting will be conducted on how to:

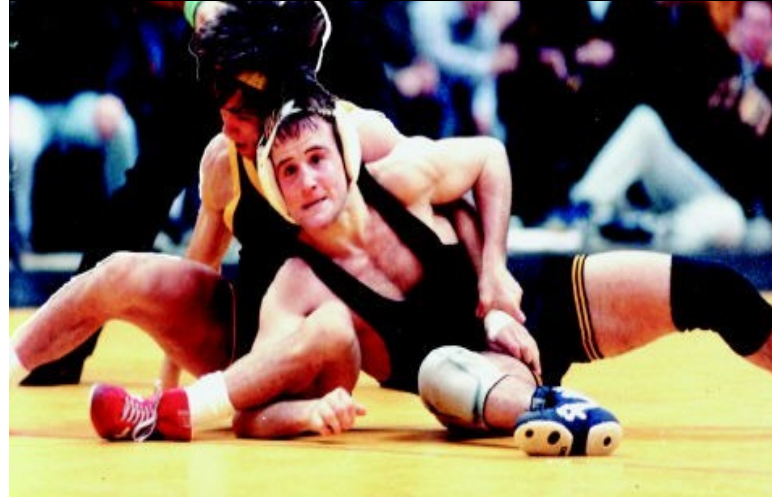
- **Run a practice
- **Conditioning
- **Strength Training
- **How to run and set-up a championship program from scratch
- **Psychology

***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 2020



Site/Dates

***Hampden-Sydney College
1 College Road
Hampden-Sydney, VA 23901**

**Date Available:
June 14-17, 2020**

OPEN TO ANY AND ALL ENTRANTS

Register online at:
www.granbyschool.com

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

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

*****Hampden-Sydney College**

June 14-17, 2020

Photo Copies
Accepted

Detach and Mail

CASH, MONEY ORDERS, CASHIERS CHECK
ACCEPTED ONLY ON SITE

GRANBY SCHOOL STAFF

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 14-17
****Cost: \$390 for Residential Camp (includes room and board)**
****Commuter Fee \$290 (room and board not included)**

Father/Son Rate—\$250 for Father

Coaches are Free with 5 or more wrestlers
****\$20 Discount with teams of 10 or more**


Sunday (June 14)
 12:00 – 2:00 pm Check-in
 3:00 – 5:00 pm Session 1
 5:00 – 6:30 pm Dinner
 7:00 – 9:00 pm Session 2
Monday (June 15)
 7:30 – 9:00 am Breakfast
 9:15 – 11:15 am Session 3
 11:15 – 12:15 pm Live Wrestling (Optional)
 11:30 – 1:30 pm Lunch
 2:30 – 4:30 pm Session 4
 5:00 – 6:30 pm Dinner
 7:00 – 9:00 pm Session 5
Tuesday (June 16)
 7:30 – 9:00 am Breakfast
 9:15 – 11:15 am Session 6
 11:15 – 12:15 pm Live Wrestling (Optional)
 11:30 – 1:30 pm Lunch
 2:30 – 4:30 pm Session 7
 5:00 – 6:30 pm Dinner
 7:00 – 9:00 pm Session 8 (Granby Contest)
Wednesday (June 17)
 7:30 – 8:30 am Breakfast
 8:45-10:45 am Session – 9 Final Session
 10:45-12:00 noon Checkout

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.**

- 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 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 /daughter may sustain at camp and in his travel to and from 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 obtain, 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 administer 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 _____
****Granby School of Wrestling or HSC DOES NOT Provide medical insurance to cover medical care for minor or anyone enrolled in camp.**
Emergency Contact Information:
 • Name _____
 • Address _____
 • Phone Number _____

Parent/Guardian Signature _____

 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.

Hampden-Sydney College:
 PRIMARY CONTACT
 Lori Martin
 PHONE(757) 482-2177
 EMAIL steve@granbyschool.com