

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 4 a Coaches Meeting will be conducted on how to:

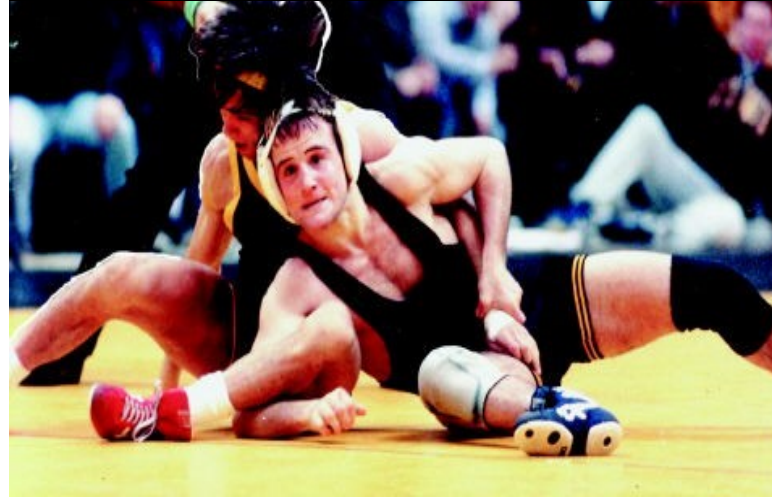
- **Run a practice
- **Conditioning
- **Strength Training
- **How to run and set-up a championship program from scratch
- **Psychology

***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

*Western Dubuque HS
302 5th Avenue SW
Epworth, Iowa 52045

June 8-9, 2020

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**

*** Iowa Commuter Camp**

June 8-9, 2020

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.

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 8-9, 2020
Western Dubuque High School
Epworth, Iowa
Deposit of _____ Check # _____

****Cost: \$150.00 for Clinic**

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 \$50.00 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

Alabama Commuter Camp

June 8

8:00-9:00 AM – Registration
9:00-AM – 12:00 PM – Session 1
12:00-1:00 PM—Lunch on your own
1:00-3:00 PM—Session 2

June 9

9:00 AM – 12:00 PM – Session 3
12:00 – 1:00 PM – Lunch on their own
1:00 – 3:00 PM – Session 4

TIMES ARE SUBJECT TO CHANGE

Iowa Camp
Contact:

Paul Cleary

563-542-6370

Paul.Cleary@wdbqschools.org