

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 basic 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

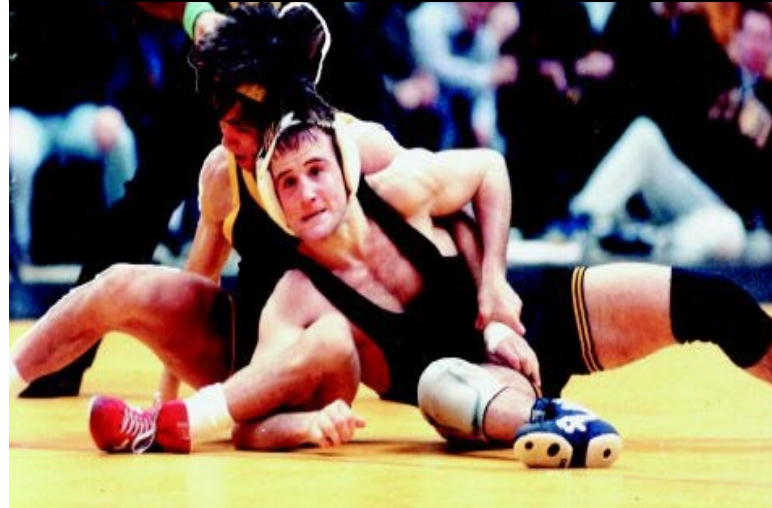
Learn...

- ◆ 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

At Session VA 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 2022



Site/Dates

***Shenandoah Valley Wrestling Club
221 Old River Rd.
Bridgewater, VA 22812**

July 11-13, 2022

**OPEN TO ANY AND ALL ENTRANTS
WHO ARE PREPARED TO LEARN
ADVANCED WRESTLING
TECHNIQUE. SPACE LIMITED TO
FIRST 60 REGISTRANTS**

**Register online at:
www.svwcinc.com**

**Presented
Granby School
of
Wrestling, Inc**

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

*****Shenandoah Valley Wrestling Club**

July 11-13, 2022

Photocopies Detach and Mail
Granby School of Wrestling, Inc.
Application and Parental Permission
Please Print

Name _____

Address _____

City/State/Zip _____

E-mail Address _____

School _____

Age _____ Weight _____

Phone () _____

ENROLLMENT

To enroll in the Granby Clinic, you must pay in full with your application. **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.

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 for several Division I, II and III Universities throughout the

Nation. All are products of the Granby School and

Excellent teachers.

***Waiver Forms Required to attend camp.**

July 11-13, 2022
Bridgewater, VA

Deposit of _____ Check # _____

****Cost: \$275.00 for Clinic**

Payment Options available at

SVWCinc.com

Shenandoah Valley Wrestling Club
Granby Clinic

July 11
Registration: 8:00 - 9:00 AM
Session 1: 9:00 - 12:00 PM
Lunch on your own: 12:00 - 1:00 PM
Session 2: 1:00 - 3:00 PM

July 12
Session 3: 9:00 - 12:00 PM
Lunch on your own: 12:00 - 1:00 PM
Session 4: 1:00 - 3:00 PM

July 13
Session 5: 9:00 - 12:00 PM
Lunch on your own: 12:00 - 1:00 PM
Session 6: 1:00 - 3:00 PM

Times are subject to change

Host name:
Joey Metzler

Host Cell:
540-908-0581

Host email:
jmetzler149@gmail.com

Granby School of Wrestling, Inc.
Assumption of Risk-Read Before Signing

In consideration of being allowed to participate in any way in the Granby School of Wrestling, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for communicable disease, concussions, broken bones, sprains, ligament damage, muscle tears, permanent paralysis, and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releases (as hereafter defined) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. My son/daughter has permission to attend the Granby School of Wrestling, Inc.
5. 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.
6. 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 the mat where he may incur a risk of injury.
7. 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.
8. The undersigned student, parent or guardian of registered camper the applicant for and inconsideration of the Granby School of Wrestling, Inc. accepting said applicant, here by agrees to save and indemnify and keep harmless the said Granby School of Wrestling, Inc., its agents, and sponsors, against any and all liability claims, judgments or demands for damages arising as a result of injuries by the applicant traveling to and said camp and during the stay at the school and on the school grounds or while wrestling or taking instruction in wrestling
9. I approve of my child's attendance at wrestling camp and certify that he is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give permission for such care.
10. The sponsors, associations, affiliates, and facilitators are not responsible for theft or damage to personal property.
11. 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
12. I authorize permission for the camp and camp medical personnel to administer medications and permit self-administration of specified medications.
13. The Granby School of Wrestling and/or school does not provide medical insurance to cover medical care for the minor.
14. The undersigned agrees to give permission to Granby School of Wrestling to use their photograph for the purpose of publicizing the camp in either general camp promotions, which could include the camp Web site; publications which include the print admissions package, brochures, magazines, video, television, newspaper, newsletters, and/or publications that may act as fundraising ventures for the camp. The photo will most likely not contain a caption identifying any individuals, although one may occasionally accompany the picture.

Participant Signature _____ Age ____ Date __
Parent Signature _____

I _____, am a wrestler and participant of the Granby School of Wrestling Club/camp/clinic. I understand that the nation is in the midst of a Covid-19 pandemic, which presents certain unusual health risks that are highly publicized, including fatal illness. I voluntarily chose to participate in a wrestling club/clinic/camp sponsored and organized by Granby School of Wrestling. In consideration for my participation therein, I, on behalf of myself, my personal representatives, heirs, and assigns, hereby:

Acknowledge, understand, and agree that there are certain inherent risks and dangers associated with my participation in wrestling at Granby School of Wrestling camp/practice/clinics including but not limited to the risk of contract- ing covid-19, I knowingly and voluntarily accept all and assume full responsibility for each of these risks and dangers as well as other risks and dangers that could arise out of or occur during my participation in or association with the Granby School of Wrestling.

Acknowledge, understand, and agree that at all times I am participating at a Granby School of Wrestling event I will use my best efforts to comply with any and all instructions provided with respect to maintaining my health and safety, including following CDC guidelines (e.g., washing hands often, use of hand sanitizer, proper social distancing whenever possible, wearing appropriate personal protective equipment, covering mouth when coughing or sneezing, and staying home if not feeling well).

Acknowledge that, in the event a wrestler, including the undersigned wrestler, must leave due to illness, including Covid-19 that the remaining wrestlers may continue to participate in the Granby School of Wrestling camp/clinic/ practice at their own risk. Granby School of Wrestling cannot and will not, cease its activities including camps/clinics each time a wrestler appears to be ill.

Acknowledge that the Granby School of Wrestling is not a healthcare provider and does/will not diagnose or treat illnesses. Consequently, Granby School of Wrestling will not diagnose or treat any illnesses at their camps/clinics/ practices.

WAIVE, AND FOREVER DISCHARGE The Granby School of Wrestling (and it's respective owners, members, agents, coaches, employees, counselors, clinicians, servants, officers, directors, successors, assigns, and affiliates) ("Releasees") from any and all claims, demands, actions, or causes of action I, or anyone on my behalf, may hereafter have against Releasees for loss or damage of any kind (including personal injury, illness, disability, and/or death) which occurs because I contracted Covid-19 while with or around Granby School of Wrestling, or any events and activities associated therewith, whether caused by Releasees' own negligence or otherwise.

I expressly agree that this Assumption of Risk, Release and waiver of claims is intended to be as broad and inclusive as is permitted by any state's laws under which this Agreement may be constructed and that if any portion of this agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Submission of payment to Granby School of Wrestling indicates acceptance of the above terms of the waiver release.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature _____
Age _____ Date _____

For Parents/Guardians of Participants of Minority Age
(Under age 18 at time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Parent Signature _____