Saturday, June 21 & Sunday, June 22, 2025

Latora Leg Camp

at Grandville High School

Featuring: **Angelo Latora** **Dominic Latora** **Tony Latora**

The Leg Ride Series covered is virtually unstoppable and will help generate falls and near falls. These techniques will help a wrestler improve their ability to score and win at every level of the sport.

Leg Camp Assistant Coaches that may support the series:

Breyden Bailey	Logan Bailey	Garrett Pepple	Hayden Lee
Drew Hughes	Jordan Thomas	Devin Skatzka	*Dedicated to Dante Latora (1999-2017); RIP*

Registration Cost ***$120.00*** *Camp apparel may be available on site at an additional cost.*

Location: **Grandville High School**
4700 Canal Ave SW
Grandville, MI 49418

Session:	**Start**	**End**
Check In	8:30 AM	9:00 AM
Day 1 Session 1	9:00 AM	11:00 AM
Meal Break *	11:00 AM	12:00 PM
Day 1 Session 2	12:00 PM	2:00 PM
Day 2 Session 1	9:00 AM	11:00 AM
Meal Break *	11:00 AM	12:00 PM
Day 2 Session 2	12:00 PM	2:00 PM

Camp Host Coordinators

	Ryan "Bubba" Gritter	Michael Thompson
Phone:	(616) 862-4701	(616) 240-7940
Email:	rgritter@gpsbulldogs.org	

Camp Director

Tony Latora
Phone: (269) 599-4607
Email: CoachLatora@LatoraLegCamp.com

* Meals are not provided by the camp, please make arrangements

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LATORA LEG CAMP WAIVER OF RESPONSIBILITY

Please Print ***[Note: Waiver MUST be completd and signed by a parent or guardian for wrestlers under 18.]***

NAME			**SCHOOL**	
ADDRESS			**GRADE**	**AGE**
CITY	**STATE**	**ZIP**	**SHIRT SIZE**	**APPROX WEIGHT**
EMERGENCY CONTACT			**EMERGENCY PHONE** ( ) —	

I/We do give our consent for the above mentioned child to participate in the Latora Leg Camp. I/We further agree, on behalf of the child, to release, absolve, indemnify and hold harmless, the camp, its officers, directors, sponsors, organizers, coaches, supervisors and host facility from all claims relating to or arising out of the conduct of the activities the clinic. This would include physical injury or illness, including but not limited to fungal and/or viral infections.

Emergency Authorization: I/we, the undersigned parents(s), guardian(s) of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents acting in any capacity for the Latora Leg Camp to act as agents for the undersigned to medical, surgical, or dental examination/treatment, etc. In case of emergency, I/We do hereby authorize the treatment and/or care of the above named registered athlete at the nearest appropriate medical care facility or hospital.

(Note: A parent or guardian is required, if the wrestler is over eighteen years of age, he/she may sign on the approval line)

Parent / Guardian Signature	**DATE**
Athlete Signature (if 18 or older)	**DATE**