

Saturday, May 18 & Sunday, May 19, 2024

Latora Leg Camp

at Livonia Franklin 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: Livonia Franklin
 31000 Joy Road
 Livonia, MI 48150

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
 Kurt Knop
 Phone: (734) 560-0207
 Email: kurtknop123@gmail.com
Camp Director
 Tony Latora
 Phone: (269) 599-4607
 Email: CoachLatora@LatoraLegCamp.com

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

LATORA LEG CAMP WAIVER OF RESPONSIBILITY

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

NAME		SCHOOL	
ADDRESS		GRADE	AGE
CITY	STATE	ZIP	APPROX WEIGHT
EMERGENCY CONTACT		EMERGENCY PHONE	() —
<p>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.</p> <p>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.</p> <p><i>(Note: A parent or guardian is required, if the wrestler is over eighteen years of age, he/she may sign on the approval line)</i></p>			
Parent / Guardian Signature			DATE
Athlete Signature (if 18 or older)			DATE