

Sunday, September 21, 2025

Latora Leg Camp

at Crown Point High School

Featuring:

Angelo Latora

Dominic Latora

Tony Latora

**LATORA
LEG CAMP**

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

Dedicated to Dante Latora (1999-2017); RIP

Registration Cost

\$90.00

Camp apparel may be available on site at an additional cost.

Location:

Crown Point High School

1500 S. Main Street

Crown Point, IN

46307

Session:

Start

End

Camp Host Coordinators

Check In

8:30 AM

9:00 AM

Branden Lorek

Session 1

9:00 AM

11:00 AM

Phone: (219) 218-0866

Meal Break *

11:00 AM

11:45 AM

Email: crownpointwrestlingclub@gmail.com

Session 2

11:45 AM

1:45 PM

Camp Director

Water Break

1:45 PM

2:00 PM

Tony Latora

Session 3

2:00 PM

4:00 PM

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	SHIRT SIZE
EMERGENCY CONTACT		APPROX WEIGHT	
EMERGENCY PHONE		EMERGENCY []	
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