

Off-Season Core Strengthening and Throwing Program

Details

**WINTER SESSION:
NOV. 15 - FEB. 11, 2021**

Sunday: 2-3:30 pm
Tuesday: 7-8:30 pm

Registration Fee
\$300

2 workouts/week

***Classes limited to first 20 people/class*

Classes are divided into 45 minute segments.

The first 45 minutes involves our Off-Season Throwing Program which utilizes different throwing drills, ball sizes and weights. The goal is to get the players to throw with their feet moving, thus taking the emphasis off the body. By doing so, mechanics improve, arm strength increases and the players develop quicker feet.

The second 45 minutes is geared toward core strengthening. Players rotate through 20 different stations which vary from session to session. We hit each station for 3 minutes, rest for 1, and repeat until finished. This is up-tempo.

For more information or to register call:

Todd Buczek @ 205.941.0105



Benefits:

Improved flexibility and strength of the Rotator Cuff, Scapular, Pronators, Supinators, UCL/LCL muscle groups

Proper Throwing Mechanics

Injury Prevention

Enhanced field performance through Core Strength Development, including the strengthening of the abdominal, lower back, arms, and leg muscles

Improved flexibility of hip flexors, groin, quads, hamstrings and other muscle groups



TOTAL BASEBALL, LLC

130 OXMOOR COURT
HOMEWOOD, AL 35209

WWW.TOMORROWSPLAYER.COM

Phone: 205.941.0105

E-mail: todd@tomorrowsplayer.com



Please complete the registration and medical information below. You may duplicate this form as needed. Mail the form along with your payment to:

Total Baseball, LLC · 130 Oxmoor Court · Homewood, AL 35209

NAME _____ / _____ BIRTH DATE ____ / ____ / ____
 (last) (first) (preferred name)

HOME ADDRESS _____
 (street) (city) (state) (zip)

HOME PHONE () _____ HOME PHONE () _____

SCHOOL _____ E-MAIL _____

NAMES OF PARENTS OR GUARDIANS _____

WORK PHONE () _____ CELL PHONE () _____

NAME OF EMERGENCY CONTACT _____

EMERGENCY PHONE () _____

SELECT THE SESSION(S) TO ATTEND (\$50 Deposit Required)

<u>Group</u>	<u>DATES</u>	<u>AGES</u>	<u>INDV</u>
Group I	11/15/20 - 02/11/21	7-HS	[] \$300 for Winter

Total Baseball, LLC is an Equal Opportunity Institution and welcomes applications for employment and educational programs from all individuals regardless of race, color, sex, disability, age or national or ethnic origin.

OFFICIAL USE ONLY

DEP. REC'D _____ AMT. DUE _____
 DATE RECEIVED _____

RELEASE FOR MEDICAL TREATMENT

(Camper CANNOT participate in camp until this form is complete.)

NAME OF CAMPER _____ DATE _____

DATE OF LAST IMMUNIZATION _____

ANY ALLERGIES TO MEDICINES? IF YES, LIST _____

ANY CONDITIONS THAT PHYSICIANS SHOULD BE AWARE OF _____

PHONE NUMBER FOR EMERGENCIES DAY () _____ EVENING () _____

I hereby authorize any medical treatment and transportation deemed necessary to receive that treatment which may be advised or recommended by an attending physician for _____ (name of camper) while at the Total Baseball Camp. I also authorize said camper to participate in the activities of the camp, to include the specific sport activities and recreational activities conducted at the camp. I understand that the camper will engage in physical activity during the program which contains an inherent risk of physical injury, and I assume the risk, and release Total Baseball Camp, and any agents of Total Baseball Camp from any and all liability for personal injury arising out of the camper's participation in the camp program. I also understand that the camper is responsible for all personal belongings and equipment. Total Baseball Camp will not replace or reimburse lost or stolen items.

Signed _____ (parent or legal guardian) DATE _____