



Balls-n-Strikes 2017 Beginning Baseball Classes

Our dynamic training classes are back for Winter 2017. These classes are structured in a 6 week format in small groups of 4 players. Our instructors will lead players through a series of progressive classes following core curriculum points developed by our staff. Our goal for these classes is for players to leave with a plan on what they are trying to accomplish on the field. Repetitions and drills are a key component of the classes.

CLASS DETAILS

- Call Balls-n-Strikes Ballwin at 636-394-2255 to register
- Open to players 5U-7U
- \$169 per player
- 6 weeks, 1 hour per week
- 4:1 player to instructor ratio
- No make-up classes will be offered

* No Class on 11-23 and Class will be prorated

SESSION 1 CLASSES

<input type="checkbox"/> Monday	5:00-6:00	9-25	10-2	10-9	10-16	10-23	10-30
<input type="checkbox"/> Thursday	6:00-7:00	9-28	10-5	10-12	10-19	10-26	11-2
<input type="checkbox"/> Saturday	9:00-10:00	9-30	10-7	10-14	10-21	10-28	11-4
<input type="checkbox"/> Sunday	2:00-3:00	10-1	10-8	10-15	10-22	10-29	11-5

SESSION 2 CLASSES

<input type="checkbox"/> Monday	5:00-6:00	11-6	11-13	11-20	11-27	12-4	12-11
<input type="checkbox"/> Thursday	6:00-7:00	11-9	11-16	11-23*	11-30	12-7	12-14
<input type="checkbox"/> Saturday	9:00-10:00	11-11	11-18	11-25	12-2	12-9	12-16
<input type="checkbox"/> Sunday	2:00-3:00	11-12	11-19	11-26	12-3	12-10	12-17

BEGINNING BASEBALL CLASS

HITTING

- the stance and set up
- the load, negative movement
- lower half checkpoints, 5 critical check-downs

FIELDING

- the proper fielding position and glove position
- using two hands to catch and field the ball
- throwing to proper base once fielded the ball

BASERUNNING

- Understanding all of the bases
- Understanding when to run to the appropriate base

THROWING

- Proper throwing mechanics
- Proper grip while throwing

BEGINNING BASEBALL CLASSES

Player Name _____ Birthdate _____/_____/_____

Address _____

City _____ State _____ Zip _____

Phone H _____ Phone W _____ Phone C _____

Parents Names _____ High School _____ Email _____

Parent/Guardian Name & Signature _____

I hereby authorize the director of the Balls-n-Strikes camp to act for me according to his/her best judgment in an emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his attendance at camp. I agree to abide by the rules and regulations of the camp.

Credit Card # (MC, VISA, Discover) _____ Exp _____/_____/_____

Credit Card Signature _____ 3 Digit Code _____