



Balls-n-Strikes 2018 Beginning Baseball Classes

Our dynamic training classes are back for Winter 2018. 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

SESSION 1 CLASSES

<input type="checkbox"/> Sunday	3:00-4:00	1-7 1-14 1-21 1-28 2-4 2-11
<input type="checkbox"/> Monday	5:00-6:00	1-9 1-16 1-23 1-30 2-6 2-13
<input type="checkbox"/> Saturday	9:00-10:00	1-13 1-20 1-27 2-3 2-10 2-17

SESSION 2 CLASSES

<input type="checkbox"/> Sunday	3:00-4:00	2-18 2-25 3-4 3-11 3-18 3-25
<input type="checkbox"/> Monday	5:00-6:00	2-20 2-27 3-6 3-13 3-20 3-27
<input type="checkbox"/> Saturday	9:00-10:00	2-24 3-3 3-10 3-17 3-24 3-31

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 1 _____ Phone 2 _____

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 _____