



**BILL BETHEA'S ANNUAL POWER PITCH
NJ'S ORIGINAL Velocity Program! 13 years running!**

**INCREASE VELOCITY
ROTATIONAL STRENGTH
SPEED AND AGILITY
STRENGTH AND CONDITIONING**

Velocity Program Includes:

- Building a pro delivery • Velocity Drills • Accuracy Drills • Different Pitches
- Proper conditioning • Arm Care
- Increase Velocity • Spin Rate
- LEARN TO THROW GAS!

VELOCITY PROGRAM

4 sessions for ONLY \$150

VELOCITY CAMP TRAINERS

Bill Bethea – Owner of PPH Baseball, former Pro Pitcher, Former Scout, Published Author with over 25000 hours of experience training pitchers. Founder of www.billbethea.com 15 years of experience running Velocity Programs with an average of 6.7 MPH over the 6 week program!

Coach Bethea will be joined by an experienced staff that has been running these programs with him for years!

Dates and Location

**Velocity and Conditioning Program
Dates:**

**JULY 16TH – 18TH
Ages 8u through 17u
9am – 12pm**

**Location: PPH Baseball Facility
1 Kimberly Rd. East Brunswick, NJ
08816 SUITE 105**

**(732) 586-1309 www.pphbaseball.com
Register online**

Player's First Name	_____	Last Name	_____
Street Address	_____	City, State, Zip	_____
Player's Age	_____	Phone	() _____
Mother's Name	_____	Father's Name	_____
Emergency Contact	_____	Relationship	_____
Emergency Phone	_____	Email Address	_____

Does the player have any medical condition that would preclude/restrict participation in the clinic?
 YES NO If YES, please explain.

Waiver: I the undersigned, as a parent or guardian of the named applicant for entry into the clinic activities offered at PPH BASEBALL Facilities and adjacent fields do hereby give permission and approval for the applicant's participation in Instructional Classes offered by Power Pitching & Hitting Professional Baseball Instruction, Inc. I further agree to assume all risks and hazards incidental to such participation, and I do hereby waive, release and absolve the organizers, sponsors, directors, managers, coaches, instructors, and participants from any claim arising out of injury to the applicant, my son/ daughter/ ward.

Medical: I give my consent for any emergency medical/ surgical treatment to be given to my child. This treatment pertains to life threatening situations or any other medical emergencies such as fracture or suturing. I give my consent for the emergency to treat my child. This does not apply to elective surgery.

Signature of Parent

Date

