



BILL BETHEA'S ANNUAL
Velocity Program 15 years running! 6.7 ave MPH gain!

ROTATIONAL STRENGTH SPEED AND AGILITY STRENGTH AND CONDITIONING AGES 10 THROUGH 18

Velocity Program Includes:

- Building a pro delivery • Velocity Drills • Accuracy Drills • Different Pitches
- Proper conditioning • Arm Care
- Increase Velocity • Improve Body Control
- 2 days per week!

VELOCITY PROGRAM

30 sessions for ONLY \$850

3 PHASES VELOCITY PROGRAM

PHASE 1 - HEAVY FOCUS CONDITIONING, BUILDING THE PITCHING DELIVERY AND HOW THE BODY MOVES TO CREAT HIGH LEVEL THROWING

PHASE 2 – HEAVY FOCUS ON CONDITIONING AND BUILDING VELOCITY, SPEED UPDATES

PHASE 3 - FOCUS ON HARNESSING THIS NEW DELIVERY AND REFINING THE PITCHING PROCESS, PITCH DEVELOPMENT, ALL WHILE STILL FOCUSING ON CONDITIONING AND VLEOCITY

Dates and Location

Velocity and Conditioning Program

Dates: Nov 27 – March 13

WEDNESDAYS

(Ages 10 through 18) – 7 to 830pm

SATURDAYS

(Ages 10 through 18) – 9am TO 1030am

**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 _____

