

Balls-n-Strikes 2018 Training 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 7U-12U
- \$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

Sunday	1:00-2:00	1-7 1-14 1-21 1-28 2-4	2-11
Thursday	5:00-6:00	1-11 1-18 1-25 2-1 2-8	2-15
Friday	5:00-6:00	1-12 1-19 1-26 2-2 2-9	2-16
Saturday	10:00-11:00	1-13 1-20 1-27 2-3 2-1	0 2-17

SESSION 2 CLASSES

Sunday	1:00-2:00	2-18	2-25	3-4	3-11	3-18	3-25
Thursday	5:00-6:00	2-22	3-1	3-8	3-15	3-22	3-29
Friday	5:00-6:00	2-23	3-2	3-9	3-16	3-23	3-30
Saturdau	10:00-11:00	2-24	3-3	3-10	3-17	3-24	3-31

TEACHING FOCUS

- · the stance and set up
- · the load, negative movement
- lower half checkpoints, 5 critical check-downs
- the swing path, 5 ball theory
- directional hitting
- the mental approach to hitting, on-deck routine





Address

TEACHING FOCUS

- · increasing velocity
- the stretch and the wind up
- throwing injury prevention
- pitching to location
- the change-up
- · mental aspect of pitching

Sunday	1:00-2:00	1-7	1-14	1-21	1-28	2-4	2-11
Sunday	2:00-3:00	1-7	1-14	1-21	1-28	2-4	2-11
Sunday	3:00-4:00	1-7	1-14	1-21	1-28	2-4	2-11
Thursday	6:00-7:00	1-11	1-18	3 1-25	2-1	2-8	2-15

SESSION 1 CLASSES

Friday 5:00-6:00 1-12 1-19 1-26 2-2 2-9 2-16 Saturday 12:00-1:00 1-13 1-20 1-27 2-3 2-10 2-17

SESSION 2 CLASSES

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J SLUMP BUSTER HITTING CLASS	☐ BULLPEN PITCHING CLASS
Player Name	Birthdate / /

Player Name	Birthdate	/	

City______State_____Zip_____

Phone 1_____ Phone 2_____

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 Signature_______ 3 Digit Code _______