



# Group Speed and Agility Classes

Innovative Fitness Development partnered with

Balls-n-Strikes has teamed up with Innovative Fitness Development (IFD) to provide the most progressive, comprehensive, state-of-the-art baseball speed and agility training programs in the Midwest. Balls-n-Strikes' reputation, coupled with IFD's unrivaled expertise, assures each and every athlete that enrolls in the Speed and Agility Performance Training Program will maximize his or her full athletic potential. Wouldn't you like to see how good you really are?

## Option 1

\$200 per player, 4 weeks, 8 sessions (2 sessions per week)

## Option 2

\$375 per player, 8 weeks, 16 sessions (2 sessions per week)

## Option 3

\$550 per player, 12 weeks, 24 sessions (2 sessions per week)

\*Each session is a period of one hour.

The Speed and Agility Performance Training Program focuses on five core elements of athletic prowess:

- Core muscular strength
- Muscular explosiveness
- Muscular endurance
- Body composition
- Cardiovascular endurance

## LOCATIONS

### BNS Ballwin

203B Ramsey Lane  
Ballwin, MO 63021  
P: 636.394.2255  
F: 636.394.2256

### BNS Gravois Bluffs

815 Sun Park Suite B  
Fenton, MO 63026  
P: 636.343.2256  
F: 636.326.1290

### BNS O'Fallon

1071 Cool Springs Ind. Dr.  
O'Fallon, MO 63366  
P: 636.474.2255  
F: 636.474.2256

### BNS Westport

11645 Northline Ind. Blvd.  
Maryland Heights, MO 63043  
P: 314.890.2255  
F: 314.993.2201

[www.bnssports.us](http://www.bnssports.us)

## 2009 Group Speed and Agility Classes

Please send to facility of choice listed above.

[www.bnssports.us](http://www.bnssports.us)

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Phone C \_\_\_\_\_ 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 \_\_\_\_\_

Location:  Ballwin  Gravois Bluffs  O'Fallon, MO  Westport

Option:  Option 1  Option 2  Option 3