



12 week Baseball Strength & Speed Training

Option #1 – Strength training program 2 days/week for 12 weeks

Mondays & Wednesdays 4-5pm

Option #2 – Speed training program. 2 days/week for 12 weeks

Tuesdays & Thursdays 4-5pm

Option #3 – Strength training program AND Speed training program

4 days/week Mondays & Wednesdays Strength training, Tuesdays & Thursdays Speed training

When: Both programs begin week of **OCTOBER 2nd**

Where: Sport Center 481(address below)

Who can participate: High School athletes (age 14&up)

Class Size: Limited to 8-10 athletes

COST:

Option #1 - \$395.00 (Members)
\$495.00 (Non-Members)

Option #2 - \$395.00 (Members)
\$495.00 (Non-Members)

Option #3 - \$695.00 (Members)
\$895.00 (Non-Members)

******ALL SALES ARE FINAL AND NON-REFUNDABLE******

PAYMENT:

Cash - Paid at Sport Center 481 front desk

Credit Card - In person at Sport Center 481 front desk **OR** by telephone **315.701.1111**

Check - **Payable to Sport Center 481**. Paid at Sport Center 481 front desk

OR Mail in to:

Sport Center 481
6841 Collamer Road
East Syracuse, NY 13057

HOW TO REGISTER:

Call: Sport Center 481 Front Desk **315.701.1111**

In Person: Sport Center 481 Front Desk

Baseball specific 12 week progressive strength & speed programs designed to increase overall body strength, power, dynamic movements, explosiveness, core strength and foot speed. Olympic lifts such as Deadlifts, Squats and Power Cleans will be the main focus as well as including baseball specific exercises for the strength program. Plyometric training, weight training, core strength, flexibility and running technique will be the main focus of the speed program. The strength coach will be Craig Hurba, former Professional Baseball player, D2 Softball coach, current Sports Zone coach and fitness Director. The speed coach will be Garret Planty, former College Football player, current Sport Center 481 Strength and Conditioning coach.

Registration:

Sport: _____

Program: _____

Name _____

D.O.B _____

Parent Name _____

Cell Number _____

Address _____

City&State _____

Zip _____

Payment Info:

CC# _____

EXP. Date _____

CVC _____

Billing Zip _____