



BILL BETHEA'S ANNUAL
Velocity Program 14 years running! 6.7 ave MPH gain!

**ROTATIONAL STRENGTH
 SPEED AND AGILITY
 STRENGTH AND CONDITIONING
 AGES 8 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

12 sessions for ONLY \$325

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!

Dates and Location

Velocity and Conditioning Program

Dates: Nov 8th – Dec 20th

THURSDAYS

(Ages 8 through 12) – 6 to 7pm

(Ages 13 through 18) – 7 to 8pm

SUNDAYS

(Ages 8 through 12) – 9am TO 10am

(Ages 13 through 18) - 10am to 11am

**Location: HAMILTON A'S FACILITY
 200 WHITEHEAD RD
 HAMILTON, NJ**

(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 _____