

# BASEBALL *City*



## GARY BURNHAM'S PROFESSIONAL STRENGTH & CONDITIONING

**Gary Burnham** has over 17 years of college and professional experience under his belt and a degree in Health Sciences. Gary has designed a program guaranteed to give you an edge physically and mentally. This strength & conditioning program will combine a challenging blend of physical circuit training and baseball drills to develop the complete ballplayer. Now is the time to prepare!



### PROGRAM OUTLINE :

- Improve Quickness
- High Intensity Workouts
- Total Body Strength
- Extreme Endurance
- Mental Toughness
- Baseball Oriented
- Increase Balance & Flexibility
- Repetitions
- Resistance band training
- Medicine Ball Training

### DATES :

**FRIDAYS – Jan 6 , 13 , 20 , 27 , Feb 3 , 10**

**Session 1: 6-7 PM (Ages 7-12)**

**Session 2: 7:15-8:15 (Ages 13-18)**

### COST :

**NON – MEMBERS - \$150  
MEMBERS - \$130**

**All players will receive a WORKOUT shirt !  
LIMITED SPACE !!!**

PLAYER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_

**GARY BURNHAM STRENGTH & CONDITIONING**

VISA/MASTER CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_ / \_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_

I/We hereby authorize Baseball City, LLC. to act in my/our behalf in obtaining appropriate emergency medical treatment for my son/daughter if I/we am/are unavailable to do so myself. In addition my son/daughter realizes sports are competitive and that injuries are part of the game. I/we assume all risks and hazards associated with this participation. I/we do hereby waive, release, absolve and agree to hold harmless Baseball City owners, staff and instructors for any claim arising out of injury to my son/daughter.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date