

Spicer Athletic Center/Solid Foundation Baseball School, Inc. is now offering a Throwing Conditioning Program for the 2009 Spring Training Season!!

This program is designed to increase arm strength, flexibility, and stamina while preventing injuries! This program has been used for 4 years with baseball players from Ridgewater College. Athletes have had fewer injuries and increased throwing speeds!

Each one-hour session will include:

- Elastic tubing series
- Medicine ball wall series & medicine ball throwing series
- Weighted ball throws
- Throwing mechanics with a baseball
- Mound work

Sessions are twice a week for 4 weeks starting in November

Cost: \$115 includes elastic tubing

(sign up for the Throwing/Conditioning program and one of SFBS' Spring Training sessions and get 10% off both prices!!)

Solid Foundation Baseball School, Inc. is pleased to announce that Zach Nelson, formerly of Spicer Athletic Center, has joined its list of quality instructors! Zach will be the head Throwing/Conditioning Coordinator at SFBS. We will be offering the Throwing/Conditioning program at our Kandiyohi location.

**For more information or to register, call now!
(320) 857-2244**

For more information on SFBS, our coaches, philosophy, locations and instruction check out our website!
www.solidfoundationbaseball.com

REGISTRATION FORM

Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Emergency Phone _____
Age _____ Grade _____ Parents Name _____
E-Mail _____

Kandiyohi Session #/Date/Time you are signing up for:

MEDICAL RELEASE

I hereby consent to any medical treatment necessary for my child in case of an emergency and waive any claim or cause of action of any nature arising as a result of, or in connection with the instruction of SFBS, Inc. and its employees or arising from his/her presence on or about the facility that SFBS Inc. is using. I acknowledge that this child is physically able to participate in the activities of this program. I accept full responsibility for any and all medical and/or related expenses.

Signature _____

Date _____