

Austin's Original Arm Strength Training Program

TASBA

Often Imitated.....NEVER DUPLICATED

SUMMER TRAINING SKILLS SESSIONS

GIVE YOUR ATHLETE THE EXTRA EDGE

THE SUMMER TRAINING CAMP PROGRAM STARTS JUNE 8, 2009

HITTING

PITCHING

S-A-Q

TUESDAY & THURSDAY

12:30 – 2:30

AGES 8-12

TRAINING SESSION MONTHS ARE:

(1) June

(2) July

COST: \$175 PER MONTH

**ALL SESSIONS ARE LIMITED SPACE AND WILL BE HELD AT THE
TASBA TRAINING FACILITY**

Hitting Session

Progressive Teaching Methods:
Mechanical Analysis
Skill/Drill Work
Over 200 Quality Swings
Add Power/Strength to your swing

Pitching Session

Pitching Improvement:
Command of the Strike Zone
Deception of Pitches: FB, CH
Learn Arm Care & Durability
Theraband Resistance Training

****Speed – Agility - Quickness training will be implemented in both sessions****

TASBA, its staff and Coach Reid have developed a training program that is directed to both, the serious baseball prospect or the recreational player wanting to improve his play. The environment and experience is intense and positive with a focus on the physical and emotional aspect of baseball. As the player improves with his physical skills, the mental aspect and positive attitude follow. My son Hunter has been a part of this fine organization for the past 18 months and I have witnessed a tremendous improvement in both the physical play as well as his mental approach to the game. The environment at TASBA is one of constant learning and improvement with hands on teaching from the experienced staff as well as Coach Reid. Come experience the difference for yourself. Ed Mendel

(print and return this form or call and your information can be taken over the phone)

“Quick Action Registration” 2009 Summer Training Skills Session

_____ Yes, Sign me up! Yes I am anxious to come to Austin and train with Coach Reid

Athlete's Name: _____ Today's Date: _____

Athlete's Birthday: ____/____/____ How you heard about the camp: _____

Address: _____ T-Shirt Size: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve. Phone: _____

Fax: _____ E-mail: _____

Please Circle The Camp You Plan On Attending:

(1) June (2) July

Method of Payment

◇ I am enclosing a check in the amount of \$_____ made payable to: TASBA
7632 Hwy 71 West Austin, Texas 78735 (512)293-9762

◇ I would prefer to have my payment divided into 2 equal monthly payments of \$_____

Greatness is not By Accident

7632 Hwy 71 West

Oak Hill, Texas 78735

512.293.9762

CALL 512-293-9762 FOR MORE INFORMATION

TASBA Baseball Waiver and Release

1. **PROGRAM:** We desire that our child participate in the TASBA baseball training program.
2. **MEDICAL CONDITIONS:** We understand the nature of the physical demands of baseball training. My child has the following medical and physical conditions which might affect or limit their participation (please list)
3. **RISKS:** We understand that participation in youth baseball training involves inherent risks of injury. We understand that reasonable procedures are employed by the training staff / coaches of TASBA, but we further understand that this organization, its officers, agents, representatives, and employees can not be held responsible for injuries to the participants. We hereby assume all ordinary risks normally incidental to youth baseball training. We hereby acknowledge that injuries to participants of youth baseball training are foreseeable.
4. **RELEASE:** We unconditionally waive and release TASBA, their officers, agents, volunteers, and employees from any and all claims, rights, or causes of action which we now have or may have in the future for any injuries, expenses, loss of compensation, loss of service, or other damages (general, special, or damages to personal property) which we may experience as a direct or indirect result of the use of the services, facilities, instruction, or premises of the TASBA or as a direct or indirect result of our child's participation. **THIS RELEASE SPECIFICALLY INCLUDES AND APPLIES TO ANY INJURIES RESULTING FROM NEGLIGENCE OR ANY NEGLIGENT ACT OR OMISSION ON THE PART OF TASBA, ITS AGENTS, COACHES, OR REPRESENTATIVES.**
5. **INDEMNIFICATION:** We unconditionally promise and agree to indemnify TASBA, its officers, agents, volunteers, and employees and to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against TASBA, their officers, agents, volunteers, or employees by any person as a result of our child's participation in baseball training or as the result of any injuries, expenses, loss of compensation, loss of experience as a direct or indirect result of the use of the services, facilities, instruction or premises as arranged by TASBA. This agreement to indemnify includes any and all money paid to or owed by TASBA, its officers, agents, volunteers, or employees to, or are charged by, any person (whether by virtue of a settlement or in litigation) including attorney's fees for any parties to the claim, demand, or litigation. **THIS AGREEMENT TO INDEMNIFY INCLUDES AND APPLIES TO ANY CLAIMS, RIGHTS OR CAUSES OF ACTION WHICH MAY BE ASSERTED AGAINST TASBA FOR INJURIES, EXPENSES, LOSS OF COMPENSATION OR LOSS OF EXPERIENCE INCLUDING THOSE ARISING FROM THE NEGLIGENCE OR ANY NEGLIGENT ACT OR OMISSION OF TASBA.**
6. **MEDICAL ACCIDENT COVERAGE:** We fully understand that we must provide medical and hospitalization insurance to cover any medical expenses incurred by our child as a result of participation in baseball training. We understand that we will be fully responsible for payment of any such medical expenses.
7. **CONSIDERATION:** We hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of its baseball training program.
8. **BINDING EFFECT:** This agreement is binding upon us and upon our heirs, assigns, dependents, personal representatives, attorneys, and our estates. This agreement is also binding upon our child on whose behalf it is executed and upon any legal guardian thereof.
9. **ENTIRE AGREEMENT:** This document constitutes the entire agreement between TASBA and the undersigned regarding the subjects covered thereby. All previous agreements, oral and written, are superceded and there exist no further oral or written representations, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document.

THE CHILD'S NAME MUST BE INSERTED BELOW AND THE PARENT OR LEGAL GUARDIAN MUST SIGN BEFORE THE PARTICIPANT WILL BE PERMITTED TO PARTICIPATE.

Dated: _____ Signed: _____ Parent or Legal Guardian of: _____

Address:

Email Address:

7632 Hwy 71 West

Austin, Texas 78735

512.293.9762