



28 Wells Road • Parker Ford, PA 19457 • training@longstreth.com

# SOFTBALL WINTER 2010 PROGRAM

## 10-Week Programs run from January thru March

**PROGRAMS:** Sign up for a ten-week program that will specialize in PITCHING or HITTING. Class sizes are limited to 5 players per instructor.

**OUR INSTRUCTORS:**

**Brit Malmberg** - Coach of numerous softball travel teams, Pitching and Hitting instructor for 10 years

**Kristin Yerger** - Assistant coach Fleetwood Area High School & Boyertown Storm 12U travel team/Pitching & hitting instructor for 11 years

**Leif Malmberg** - Coach of numerous ASA National Tournament Teams, Hitting and pitching instructor for 11 years

**PAYMENT INFORMATION:**

The cost is \$225 for the 10-week program. To reserve your spot, return this form with full payment to Longstreth Training Academy, 28 Wells Rd., Parker Ford, PA 19457. Acceptable forms of payment are check or cash. Longstreth Training Academy has a "No Refund" policy. After the 10-week period ends, Longstreth Training Academy will offer one free class as a "make up" for anybody who misses classes during the 10 weeks. This "make up" will occur after the final class during the first half of March.

**CLASS SCHEDULE :** Times will be determined by number of players and experience levels. The weekly sessions will last for one hour. Mondays sessions will be between 6pm and 9pm and Sundays will between 8a.m and 10:30a.m. There is a possibility of sessions on Tuesdays and Thursdays between 6pm and 8pm (let us know if you prefer Tuesday or Thursday timeframe).

SELECT DAY AND PROGRAM DESIRED. WE WILL TRY TO ACCOMMODATE AS BEST AS WE CAN.

**(SELECT 1ST AND 2ND CHOICE)**

- \_\_\_\_\_ **Sunday mornings** Jan. 3-Mar. 7
- \_\_\_\_\_ **Monday evenings** Jan. 4-Mar. 8
- \_\_\_\_\_ **POSSIBLE Thursday** Jan. 7 -Mar.11 *select 2nd choice*
- \_\_\_\_\_ **POSSIBLE Tuesday** Jan. 5-Mar.9 *select 2nd choice*

**(SELECT ONE PROGRAM)**

- \_\_\_\_\_ **Pitching** wristwork, speed drills, pitch development
- \_\_\_\_\_ **Hitting** including bunting and left-handed slapping

**PLAYER INFORMATION:**

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Player Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Emergency Number \_\_\_\_\_ Father's Emergency Number \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Player Experience (list/explain the number of years that you have worked with a private coach)

In signing this application, I release Longstreth Training Academy & other involved parties from any claim or responsibility for injuries suffered in this class. I knowingly assume all risks associated with my child's participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in this class. Further, I authorize the site director to request medical treatment as necessary to insure my child's well being.

If under the age of 18, a parent or guardian's signature is required. Please print except for signature.

Player's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Send completed form & payment to Longstreth Training Academy (address above) by Monday, December 28.