



1300 ROUTE 17 NORTH, RAMSEY, NJ * 1-800-282-4638 * www.baseballclinics.com



Fall Baseball

Strength and Conditioning program

4 or 8 week options
2x, 3x or 4x a week options

PROGRAM STARTS 9/15/25

HIGH SCHOOL PLAYERS

Monday:

- ☐ Hitting and Fielding Group 4-6:30
- ☐ Pitching Group 6:30-9

Tuesday:

- ☐ Hitting and Fielding Group 4-6:30

Wednesday:

- ☐ Hitting and Fielding Group 4-6:30
- ☐ Pitching group: 6:30-9

Thursday:

- ☐ Hitting and Fielding Group 4-6:30
- ☐ Pitching Group 6:30-9

Friday:

- ☐ Pitching Group 6:30-9

Hitting + Fielding & Pitching:

- BUILD STRENGTH AND EXPLOSIVENESS
- DEVELOP BETTER MECHANICS FOR PITCHING, HITTING AND FIELDING
- ENHANCE ON-FIELD MOBILITY
- IMPROVE SPEED AND ENDURANCE
- PREPARE FOR COLLEGE RECRUITING SEASON
- FOCUS ON MENTAL TOUGHNESS, GAME AWARENESS AND CONFIDENCE BUILDING
- DEVELOP CONSISTENT TRAINING HABITS AND WORK ETHIC TO ELEVATE YOUR OVERALL PERFORMANCE.

COACH'S NOTE: "As a former D1 college baseball player I recommend training at least 3x per week. This builds habits, strength, and athleticism that will set you apart from your competitors. Improvement takes consistency, discipline, and effort. Athletes aren't born, they're made." **-Joe Cinnella**

REGISTRATION FORM

Name: _____ DOB: _____ Grade: _____ POSITION(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Player Phone #: _____ Player E-Mail: _____

Parent's Name(s): _____ Parent's E-Mail(s): _____

By signing this form, you acknowledge that participation in any strength training/baseball skills session provided by PBI involves an inherent risk of physical injury and hereby assume all such risks and do hereby release forever discharge and hold harmless PBI, all its employees and agents, thereof from any and all known liability no matter the nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, damage to property, and the consequences thereof resulting from the registrant's participation including any failure of equipment or defect in the premises. I also hereby certify the participant is in good physical condition and can partake in the daily schedule of events. In case of emergency, I grant permission for the participant to be given treatment by a local hospital. Any photographs or videos taken at the program sessions are subject to be used in the brochure in the future years and can possibly be used for advertising the programs sessions and other PBI programs. I hereby state that I am the legal guardian of the participant:

Parent's signature: _____