



Brian Nelson
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2009 Fall NBS Throwing Program

Dates: Tuesday & Thursday

START DATE: Thursday Nov 5th

Program Runs from: Thursday November 5th – December 10th

OFF Dates: Thursday Nov 26th

Rain Date: Saturday December 12th

Times: 5:00-6:00 pm

Location: Big Shanty Park (Kennesaw, GA)

Cost: \$250 for program or \$30 each session

***Limit: 20 athletes**

Pre-Registration is Required

Position Players and Pitchers

Nelson Baseball School Off-Season Throwing Program

****A consistent 2-5 MPH is seen with this program****

Throwing – This specific throwing program is designed to add arm strength and velocity to both position players and pitchers. I use a combination of throwing and arm strengthening exercises to achieve these goals. The effectiveness of these activities have been proven by my 20 former athletes reaching their goals as professional baseball players and producing 30 Div. I baseball players.

Throwing Program

Name _____ DOB: ___/___/___ Parents _____
 Address _____ School _____ Summer Team _____
 City _____ State _____ Zip _____
 Phone _____ Grade _____ Email _____

Emergency contact: _____ **Telephone #** _____

I hereby request and grant permission to the instructors and officials of the Nelson Baseball School training program to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless Nelson Baseball School, LLC, and instructors from all liability for the above named child's activities of any nature with said association. I acknowledge that participation in this training program and related activities involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge Nelson Baseball School, LLC, and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with this clinic, including any failure of equipment or defect on or in the premises.

SIGNATURE OF PARENT/GUARDIAN:

_____ Relationship _____ Date _____