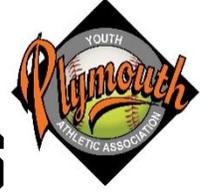


# PYAA FASTPITCH LESSONS



## Pitching Lessons -

Individual one on one work. Clean up inefficiencies and mechanical flaws and become the pitcher you always wanted to be. Throw with intent, desire and confidence. We will work on improving mechanics to increase velocity, improve location, and how to handle the mental side to pitching.

## Hitting Lessons -

Individual one on one work. Focus will be on developing good habits that create an optimal swing path. Make more than just contact! We want to improve bat speed, pitch recognition, and power to all parts of the field. We will also focus on the mental side of the game, and incorporate drills to improve confidence at the plate.

## Fielding / Catching Lessons -

Individual one on one instruction working on the players specific fielding position(s). Focusing on fielding the ball with proper mechanics and transferring the ball fast and efficiently to the target. Footwork and balance drills will be integrated to increase agility and strength. Arm strengthening drills will be incorporated to assist at any position on the field.

**Cost:** \$20 per 30 minutes of instruction. (Please see below form for additional instruction)  
Players will be evaluated and given drills to work on after each lesson.

**Location:** St. John Lutheran or Plymouth Fieldhouse

**Times available:** TBD. (Weekends by appointment)  
(Lessons will be offered outside once warmer weather is available)

If interested or if any questions please contact:

**PJ Weber** - [plymouthpumas@gmail.com](mailto:plymouthpumas@gmail.com) / 920.980.8147

**Rich Flunker** - [riflunker@yahoo.com](mailto:riflunker@yahoo.com) / 920.980.7988

**Steve Bein** - [ponchobeino@gmail.com](mailto:ponchobeino@gmail.com) / 920.946.6060

# - FASTPITCH LESSONS FORM -

PLAYER'S NAME: \_\_\_\_\_

PLAYER'S LEAGUE: \_\_\_\_\_

AGE (as of 1/1/19) : \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PLAYED FASTPITCH: YES NO WHERE? \_\_\_\_\_

POSITION(S): \_\_\_\_\_

WHAT WOULD YOU LIKE LESSONS ON: **HITTING / PITCHING / CATCHING / DEFENSE & AGILITY**

WHAT AGE LEVEL WOULD YOU PLAY AT? PFDL / 10U / 12U / 14U / 16U

DO YOU PLAY OTHER SPORTS? YES NO IF YES, WHAT SPORTS? \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE: I/we am/are the parent(s) or legal guardian of who desires to be a participant in the PYAA Fastpitch Lessons Program. It is important to me/us that this child is allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the PYAA allowing my child to participate in fastpitch softball and/or use of facilities, I/we, on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the PYAA, its coaches, PYAA Board of Directors, its hired or contracted instructors and any other agents or organizations including the PYAA as a whole, and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above. I/we further agree that pictures taken during program hours may be used for future promotional purposes.

Parent(s) / Guardian Printed Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Parent(s) / Guardian Signatures(s): \_\_\_\_\_

MEDICAL INSURANCE CO. POLICY#: \_\_\_\_\_

PARTICIPATION WAIVER: I understand that this is an intense training lesson specifically for Fastpitch Softball. If I have any questions about the instruction, I will discuss the issue with the coach/instructor directly.

Parent(s) / Guardian Signatures(s): \_\_\_\_\_