



# SOFTBALL ATHLETES OF ALL AGES! IMPROVE YOUR FASTPITCH GAME IN ONLY SIX WEEKS

Are you a softball athlete looking for a program that can help you measurably improve your softball game in a few short weeks? Are you ready for an intensely concentrated experience that will help you perfect the skills you need to play well? Do you want to get ahead of the game?

If so, All American Softball is looking for you! Our six-week intensive training program is set up to measure your progress and demonstrate your improvement. Our expert instructors will be assessing and tracking your progress week by week, and will be using RightView Pro analysis as well to compare your skills to that of Olympic athletes.

Here's the program:

Weeks 1-4:

- ★ Focus is on hitting, throwing, and running
- ★ Includes hitting drills; tracking; strength training; eye & hand coordination
- ★ Challenges and measurement of skills attained
- ★ RightView Pro analysis in weeks 1 and 3

Weeks 5-6:

- ★ Adds defense to the program
- ★ Conditioning & pre-game warm up
- ★ Training for specific defensive position(s) i.e., footwork, throwing, receiving & mental training
- ★ Final RightView Pro analysis in week 6

This program is for all ages. Each athlete will receive one hour of individual intensive training per week for six weeks, and must participate for the entire six weeks to acquire the most benefit from this individualized instruction.

The program package is \$360 per athlete. If you "bring a friend", the package price is \$300 per athlete.

All American Softball has an exceptional record in developing athletes of all ages to their true potential. Of high school athletes who consistently train with All American, 96% make their high school team.

**All American's Six-Week Intensive Softball Training is held at all three locations:**

**All American Softball, Inc.  
1270 Triangle Ct.  
West Sacramento 95605  
916-374-1907**

**All American Softball, Inc.  
7211 Galilee Road Suite 115  
Roseville, CA 95678  
916-782-1907**

**Folsom Sports Complex  
66 Clarksville Rd.  
Folsom, CA 95630  
916-374-1907**



# Register for All American's Six-Week Intensive Training

All American's Intensive Training Program will be held at each of our facilities. Generally we hold this program during the winter months from December 1 through February 28, but you are welcome to start this program at any time during the year. Please indicate in your registration form your preferred start date. Call American Softball at our West Sacramento facility (916-374-1907) or our Roseville facility (916-782-1907) to set up your program. You can also drop by either Pro Shop to set things up. Our West Sacramento facility is at 1270 Triangle Court, West Sacramento 95605; our Roseville facility is at 7211 Galilee Road Suite 115, Roseville, CA 95678. If you prefer to attend the program at our Folsom location, please contact us at either West Sacramento or Roseville.

## ALL AMERICAN SOFTBALL INTENSIVE TRAINING PROGRAM REGISTRATION

Please fill out and mail or drop off your registration and payment before your first lesson. You may fax your registration if you are paying by credit card.

### Mail to:

All American Softball  
1270 Triangle Court,  
West Sacramento CA 95605  
Phone: 916-374-1907  
Fax: 916-374-0720

OR: All American Softball  
7211 Galilee Rd., Suite 115  
Roseville, CA 95678  
Phone: 916-782-1907  
Fax: 916-782-1907

### Medical Consent (required):

I hereby state that my child is in good health, and has my permission to participate in all activities at All American Softball. In the event of injury or illness, I authorize All American Softball, Inc. staff to act for me in securing medical treatment. Registration in All American Softball, Inc. programs requires that a parent/guardian sign below to agree that in case of accident or injury while attending an All American Softball, Inc. program, they release All American Softball, Inc., the ownership, and instructors from any and all liability. Each child/player is required to carry personal medical coverage.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

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**PLEASE INDICATE YOUR PREFERRED START DATE HERE** (Note: program is scheduled one day per week for six weeks in a row.)

**PLEASE INDICATE YOUR PREFERRED LOCATION HERE:**

## ATHLETE INFORMATION

\_\_\_\_\_  
Athlete's full name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Daytime Phone and/or Cell Phone or Page

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

## PAYMENT

Payment Amount: \_\_\_\_\_

Cash  Check  Credit Card:



Check Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Signature \_\_\_\_\_