

# PREP BASEBALL REPORT ACADEMY

## Advanced Developmental Program

Saturdays, November 7 through December 19

10:30 a.m. - Noon

Open for Ages: 10-14

This advanced seven-week program will cover all players' preseason developmental needs. Each 90-minute session will be divided by age and skill level, and players will rotate through skill-development stations. Each training session will feature Speed-Agility-Quickness training, provided by Athletico, in addition to all the fundamental and advanced baseball skill sets. The program will take place inside the Max-McCook's state-of-the-art open turf facility (Field 4) and the Prep Baseball Report Academy's batting cages and clay pitching mounds.

### Program Highlights

- **Speed, Agility, and Quickness training, provided by Athletico**  
Focus: Overall athleticism, lateral quickness, coordination, and explosiveness
- **Infield Play**  
Focus: Balance, footwork, transfer, glove work, throwing, positional breakdown, double plays
- **Outfield Play**  
Focus: Athleticism, first movement, reads, communication, proper throwing technique
- **Hitting**  
Focus: Fundamental and advanced swing mechanics, balance, extension, rotation, situational hitting
- **Pitching**  
Focus: Balance, rhythm, feel, grips, mental approach, explosiveness, extension, fundamental and advanced techniques
- **Catching**  
Focus: Receiving, blocking, framing, balance, footwork, mental approach, throwing



### Prep Baseball Academy

4750 S. Vernon Avenue, McCook, IL 60525

[www.Pre Baseball Report Academy.com](http://www.Pre Baseball Report Academy.com)

P: 847-281-9790

# ADVANCED DEVELOPMENTAL PROGRAM

(PLEASE PRINT AND FILL OUT COMPLETELY)

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

SCHOOL: \_\_\_\_\_ CLASS: \_\_\_\_\_

PRIMARY POSITION: \_\_\_\_\_ THROW: \_\_\_\_\_ BAT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

\*EMAIL (PRINT CLEARLY): \_\_\_\_\_

Allergies/Medications/Health Concerns, Etc.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I hereby authorize The Max-McCook Athletic & Exposition Center, The Prep Baseball Report Academy and coaches to act for me in judgment in any emergency requiring medical attention. I hereby waive, release and indemnify, The Prep Baseball Report Academy and The Max and its staff of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical charges in connection with his/her attendance of the camp, before, during or while leaving any program. Please list any health or medical problems of registrant.

\*WAIVER SIGNATURE (must be signed to participate) \_\_\_\_\_

**FEE: \$160**

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**PLEASE MAKE CHECKS PAYABLE TO PREP BASEBALL REPORT  
28427 N. BALLARD DR., UNIT A; LAKE FOREST, IL 60045**

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## CREDIT CARD

PLEASE CIRCLE CREDIT CARD TYPE: VISA      MASTERCARD      AMERICAN EXPRESS      DISCOVER

NAME ON CARD: \_\_\_\_\_ CREDIT CARD # \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**PHONE NUMBER: 847.549.1687 // FAX: 847.281.9795  
28427 N. BALLARD DR., UNIT A; LAKE FOREST, IL 60045**

**WWW.PREPBASEBALLREPORTACADEMY.COM**

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