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Gain the VISUAL ADVANTAGE in HITTING through Cutting Edge Drills and Enhanced Visual Skills!

**Online payment available on web*

Clinics presented by CBC and Accelerated Visual Performance at Colorado Softball & Baseball Academy

BASEBALL CLINIC

December 6th – 9:00am-12:00pm
Ages 8-18

SOFTBALL CLINIC

December 6th – 1:00pm-4:00pm
Ages 8-18

Learn to Develop:

Coordination ● Concentration
Balance ● Accuracy

- Eye Alignment
- Near to far focusing efficiency
- Binocularity - eye teaming
- Localization in space
- Eye tracking
- Depth perception
- Peripheral Vision
- Eye-hand coordination
- Visualization - imagination

Cost: \$130.00 per player



Find out more information at:
www.opticdynamics.com

More than 80% of all sensory information is derived from the visual system. Improving the visual system can significantly boost athletic performance by improving response time, vision-body coordination and confidence.

AVP has worked with:
Michelle Roark - Olympic Mogul Skier
Jill McGill - LPGA Golfer

Go to **www.coloradobaseballcamps.com** to pay online or mail form with payment to:

All-Star Baseball Clinics
10683 West 54th Place
Arvada, CO 80002

***Make checks payable to All-Star Baseball Clinics**

Child's Name: _____ Age: _____ Birthdate: _____

Home Phone: _____ Emergency Contact Number: _____

Parent/Guardiaian: _____ E-mail Address: _____

Please check: Baseball Softball

Total amount enclosed: \$ _____ Payment Type (check one): Check Visa Mastercard

Card Number: _____ Exp. Date: _____

Name on Card _____ Authorizing Signature: _____

PROGRAM RELEASE FOR PARTICIPANTS: All-Star Baseball Clinic Inc. (ASBC) does not assume responsibility for injuries incurred while participating in any athletic or sports program or event and is not liable for lost or stolen items. I give permission to ASBC, without obligation to me, to use any photographs, film footage, tape recordings that may include my (my child's) image or voice for purposes of promoting Programs. I, the undersigned, for myself, my heirs and assigns, do hereby release All-Star Baseball Clinic Inc. of Arvada, Colorado, its employees, members, agents, etc., from any and all claims for injury, death, loss or damage I may incur as a result of my (my child's) participation.

Parent or Guardian Signature: _____ Date: _____