



# Get Smarter - Throw Harder

## Baseball Arm Care Program

Includes Throwing Analysis • Strategies to Reduce Shoulder and Elbow Pain

Monday/Thursday 5:00-6:00 PM (21 sessions)

December 18 - March 7 (No Sessions 12/25/23, 12/28/23, 1/1/24)

@ Jim Ronai's Competitive Edge - 400 Boston Post Road in Orange

Cost: \$475 Space is limited! Sign up early!

Registration Required by 12/08/23

Questions? Call (203) 799-3343 or email [info@cespeed.com](mailto:info@cespeed.com)

[cespeed.com](http://cespeed.com) [info@cespeed.com](mailto:info@cespeed.com) Instagram: [ce\\_speed1](https://www.instagram.com/ce_speed1)

Return completed and signed waiver to: Jim Ronai's Competitive Edge, 400 Boston Post Rd. Orange, CT 06477

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ATHLETE EMAIL: \_\_\_\_\_ ATHLETE PHONE: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ PARENT PHONE: \_\_\_\_\_

I hereby give my child permission to participate in "The Competitive Edge Strength/Conditioning Program" I also verify that my child is in good health and authorize the directors to act for me according to their best judgment in any emergency requiring medical attention. I also agree to hold harmless and indemnify Jim Ronai's Competitive Edge, LLC, its employees, servants, and/or agents and frees the employees, servants or agents of liability for any injuries, illness or other claims other than those arising from acts of negligence due to acts of omission or commission during the aforementioned program. Further, I hereby grant full permission for event organizers to record any or all of my participation in these events for photos, video pictures, T.V, radio, videotapes, and other media known and to use them no matter by whom taken in any manner for publicity, promotions, advertising trade or commercial purposes without any reimbursement of any kind due to me or the need to pay any fee.

Please list any medical conditions, injuries, allergies or illnesses that may affect participation:

\_\_\_\_\_  
Parent or Legal Guardian      PRINT NAME      SIGNATURE      DATE