

APPLICATION for: **THE THROW CENTER**

1

Date _____ Players Name _____ Age _____ Sex _____

Position _____ Other positions played _____ Phone number _____

Birth Date _____ Height _____ Weight _____ Married or Single

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

(Minors only) Father _____ Mother _____

Club Affiliation / Team Name _____

Manager / Coaches Name _____

Grade or year in school _____ *Grade Avg. _____ **Very Important**

School Attending if Applicable _____ Location _____

Major in school if Applicable _____

Plans for the future? _____

ALL THAT ATTEND THE THROW CENTER MUST COMPLETE A PRINTED OR TYPED APPLICATION, ARM HISTORY, FITNESS FORM, RELEASE OF LIABILITY FORM, VIDEO RELEASE FORM, AND A DOCTORS RELEASE (IF APPLICABLE)

SEND VIA U.S. MAIL THE FIVE OR SIX ITEMS LISTED ABOVE

THE THROW CENTER
PO BOX 103
ATHENS, TX 75751-0103
903-675-7524
coach@thethrowcenter.com

Upon receipt of the required forms notification will be sent as to the date of an opening. Plan to stay for a weekend or three days during the week. If under a doctor's care, we must have a "Release" from the doctor. If you are rehabilitating from an injury or surgery, we will take it day by day. If you have extreme pain when throwing, do not throw for several weeks before attending THE THROW CENTER: Ice your arm, run a lot. Swimming is also an excellent full range of motion exercise for rehab. You will progress faster if you can work out the soreness and pain before arriving. If you fly, a rental car is necessary. Athens is seventy miles Southeast of Dallas and thirty miles West of Tyler. Send for more information and requesting directions.

Your name will not be released without your permission

We hope to make it possible for you to have many years of pain free baseball