



KIDS SPORTS ZONE



At I.S.T. Baseball/Softball Headquarters
25 Van Zant St. – Norwalk
www.integratedsportstraining.com
203-745-3241

These clinics focus on the young athlete learning to control their bodies and learning the correct fundamentals. Each clinic offers a unique sports experience for the young athlete all while learning in a fun and focused environment.

Winter programs are held at Integrated Sports Training – 25 Van Zant Street - Norwalk.
Clinics are for both boys and girls. Small clinic sizes for more individualized attention

Advanced Mighty Sluggers for 5-year-olds ***please call or email to enroll in this class**

Monday	February 8 - April 26	2:00 -3:00	No Classes Monday Feb. 15 & April 19
Friday	February 26 – May 14	2:00-3:00	No Classes Friday April 2 & April 23

Mighty Sluggers for 3.0 - 4.5-year-olds

Tuesday	January 26 – April 6	1:45-2:30	No Classes Tuesday February 16
Wednesday	February 3 – April 14	1:45-2:30	No Classes Wednesday February 17
Thursday	February 11 - April 29	1:45-2:30	No Classes Thursday February 18 & April 22

Sports Zone Active Kids for 3.5 – 4.5-year-olds

Monday	February 1 – April 12	3:00 – 3:45	No Classes Monday February 15
Wednesday	February 3 – April 14	1:45-2:30	No Classes Wednesday February 17

NEW ITTY BITTY Sluggers for 19 months – 2.5 years

Monday	February 1 – April 12	9:45-10:15	*Cost is \$150 No Classes Monday Feb. 15
Tuesday	February 2 – April 13	10:00-10:30	*COST is \$150 No Classes Tuesday Feb. 16
Wednesday	February 3 – April 14	10:30 -11:00	*COST is \$150 No Classes Wednesday Feb. 17

All programs are 10-weeks

WOULD YOU LIKE TO FORM YOUR OWN CLASS?? CALL

Cost is \$260, please send checks payable to Sara Holland or call 203-745-3241 to pay by credit card.

Mail to: IST Baseball Headquarters, 25 Van Zant Street, Unit 3B, Norwalk, CT 06855

Please write in the information below:

Program Name: _____ Day & Time: _____

Child's Last Name _____ First _____ D.O.B _____

Home Phone _____ Email _____

Parents'/Guardian names _____

address _____

Emergency Contact & Numbers: _____

RELEASE: In case of emergency and I cannot be reached, I authorize the staff of I.S.T & Growing Tree Yoga, LLC to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees. I hereby give my consent to my child's participation in the activities of I.S.T & Growing Tree Yoga, LLC, and hereby absolve, release, and hold harmless I.S.T. & Growing Tree Yoga, LLC and all of its officers, directors, agents, representatives, attorneys, employees, owners, successors, assigns and other affiliates from any and all liability for any injuries or damages that my child may suffer in connection with the activities sponsored by I.S.T. & Growing Tree Yoga, LLC or in which my child may participate. Signature: _____ Date: _____