



**BASEBALL/SOFTBALL
COACHES'
CERTIFICATION
PROGRAM**



**HOSTED BY
Knoxville City P & R**

For further information go to
www.doylebaseball.com

Players school – March 28

<p>Date: Mar 14, 2009</p> <p>Times: Check In 7:45 am 8 – 11 am</p> <p>Location: Caswell Park – If Rain-John T O’Conner Sr Center</p> <p>Cost: Head Coaches Free All others - \$25 per Coach</p> <p>For More Info. Call: Norman Bragg 865-215-1418</p>	<p>WITH DOYLE COACHES' CERTIFICATION YOU RECEIVE:</p> <ul style="list-style-type: none"> ✓ \$2,000,000 personal liability ✓ Hands on Training Techniques ✓ Practice Organization Tips and Handouts ✓ Skill Development and Skill Drills ✓ Drill Solutions ✓ Printed Terminology ✓ Safety and 1st Aid Issues ✓ Speed and agility tips
<p><u>Products On Site:</u> Hitting Rotor Twins Speed and Agility</p>	

DOYLE ENROLLMENT APPLICATION **Must be completed to receive Certification. Please print & complete all sections. Use one application per coach.**

<p>Last Name _____</p> <p>First Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone () _____</p> <p>E-Mail Address _____ (for future updates)</p> <p>Occupation _____</p> <p>Age group that you coach _____</p> <p>Have you previously attended Doyle Baseball? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, where & when?</p> <p>Would you be interested in becoming a Doyle Staff Instructor: _____</p>	<p>Knoxville, TN Mar 14, 2009</p> <p>\$25 per coach</p> <p>Mail application & payment to: Norman Bragg 917 –A East 5th Ave Knoxville, TN 37917</p> <p><i>Make checks payable to: Knox City P & R</i></p>
---	--

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All coaches must provide proof of insurance coverage for any injury or sickness while attending Doyle Baseball. I waive and release Doyle Baseball from any injury or illness incurred going to school from home or while at school or returning from school to home. I hereby give my permission for emergency treatment in the event I cannot be reached.

<p>PAYMENT INFORMATION</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx</p> <p>Card Number _____ Exp. _____</p> <p>Cardholder Name _____</p> <p>Signature _____</p>	<p>Acceptance of Accident Insurance Disclaimer Above</p> <p>Name of Insurance Co. _____</p> <p>Policy Number _____</p> <p>Student Signature _____</p>
---	--

