



NEW BASEBALL COACHES' CERTIFICATION PROGRAM



**HOSTED BY
Knox County Rec**

For further information go to www.doylebaseball.com/siebert

Players school – Mar 29

<p>Date: Mar 8, 2008</p> <p>Times: Check In – 8:45 am 9 am - Noon</p> <p>Location: Bearden Middle School</p> <p>Cost: \$25 per coach – Free To Knox County Coaches</p> <p>For More Info. Call: Jeff Mayberry 865-215-6611</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>For future seasonal and Summer Academies visit: www.doylebaseball.com/siebert</p>	

DOYLE ENROLLMENT APPLICATION	Must be completed to receive Certification. Please print & complete all sections. Use one application per coach.
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<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>Which league are you with? _____</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>Knox County, TN Baseball March 8, 2008</p> <p>\$25 per coach Free to Knox Cty Coaches</p> <p>Mail application & payment to: Jeff Mayberry 2447 Sutherland Ave Knoxville, TN 37919</p> <p><i>Make checks payable to: Knox County P & R</i></p>
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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>___ Check ___ Cash ___ Visa ___ MasterCard ___ 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>
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