



# NEW SOFTBALL COACHES' CERTIFICATION PROGRAM



**HOSTED BY  
Knox County Rec**

For further information go to [www.doylebaseball.com/siebert](http://www.doylebaseball.com/siebert)

Players school – March 29

**Date:** Mar 8, 2008  
**Times:** Check In – 12:45 pm  
1 – 4 pm  
**Location:** Bearden Middle School

**Cost:** \$25 per coach – **Free To Knox County Coaches**

**For More Info. Call:** Jeff Mayberry  
865-215-6611

For future seasonal and Summer Academies visit:

[www.doylebaseball.com/siebert](http://www.doylebaseball.com/siebert)

## WITH DOYLE COACHES' CERTIFICATION YOU RECEIVE:

- ✓ \$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 1<sup>st</sup> Aid Issues
- ✓ Speed and agility tips

### DOYLE ENROLLMENT APPLICATION

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

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (      ) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ (for future updates)  
 Occupation \_\_\_\_\_  
 How did you hear about Doyle Baseball? \_\_\_\_\_  
 Have you previously attended Doyle Baseball? \_\_\_\_\_YES \_\_\_\_\_NO  
 If YES, where & when?  
 Would you be interested in becoming a Doyle Staff Instructor: \_\_\_\_\_

**Knox County, TN  
March 8, 2008**

**\$25 per coach  
Free to Knox Cty Coaches**

Mail application & payment to:  
Jeff Mayberry  
2447 Sutherland Ave  
Knoxville, TN 37919

*Make checks payable to:  
Knox County P & R*

**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.

#### PAYMENT INFORMATION

\_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ AmEx  
 Card Number \_\_\_\_\_ Exp. \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Signature \_\_\_\_\_

#### Acceptance of Accident Insurance Disclaimer Above

Name of Insurance Co. \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Student Signature \_\_\_\_\_