

Do your players
know how good
they can be?

Players School
Apr 13



Skills and Drills
BB and SB Coaches'

For further information, go to
www.doylebaseball.com

About Doyle Academy

Doyle Academy was founded in 1978 by Denny Doyle and his twin brothers, Brian and Blake. Playing with and against the best, on pennant winners and World Series teams for a combined 30 years professional baseball experience, has helped lay the foundation for Doyle Academy to develop its unique teaching methods, leading to the game's most innovative and respected training programs.

Hosted by **Lake Cumberland Cal Ripken and SE KY FCA**

Date: Apr 13, 2013

Times: Check In 7:45 am
8 - 11 am

Location: Ward Correll Sports Complex

Cost: \$25 per Coach

**For more
information:** Josh Anderson
606-305-8858
606-677-1867

With Doyle Coaches' Certification You Receive:

- ✔ Hands on training techniques
- ✔ \$2,000,000 personal liability
- ✔ Practice organization tips and handouts
- ✔ Skill development and skill drills
- ✔ Drill solutions
- ✔ Printed terminology
- ✔ Safety and first aid issues
- ✔ Hitting devices available to purchase on site

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 _____
Age group that you coach _____
Have you previously attended Doyle Baseball? ____YES ____NO
If YES, where & when?
Would you be interested in becoming a Doyle Staff Instructor: _____

Somerset, KY
Apr 13, 2013

\$25 per Coach

Mail application & payment to:

SW Ky FCA
15 Nth Hwy 27
Somerset, KY 42501

*Make checks payable to:
Doyle Academy*

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 _____