

Do your players  
know how good  
they can be?

**Players School  
Mar 24**



**Coaches'  
Certification Program**

For further information, go to  
[www.doylebaseball.com](http://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 **Putnam County Rec**

<b>Date:</b>	Mar 24, 2012
<b>Times:</b>	Check In 7:45 am 8 - 11 am
<b>Location:</b>	Poole Rec Center
<b>Cost:</b>	\$25 per Coach
<b>For more information:</b>	Stevie Young or Bill Waters (706) 485-8565

**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 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: \_\_\_\_\_

**Eatonton, GA  
Mar 24, 2012**

**\$25 per coach**

Mail application & payment to:  
Putnam County Rec  
140 Recreation Rd  
Eatonton, GA 31024

*Make checks payable to:  
Putnam County Rec*

**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 \_\_\_\_\_