

Do your
players know
how good they
can be?

**Players School
Marr 5 12-5 pm**



**New Baseball & Softball Coaches'
Certification Program**

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 Sumter County Rec

Date:	Mar 4, 2011
Times:	Check In 6:15 pm 6:30 – 9:30
Location:	Sumter County Rec Gym
Cost:	\$25 per Coach
For more information:	Phil Parnell (803) 436-2248

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: _____

**Sumter, SC
Mar 4, 2011**

\$25 per coach

Mail application & payment to:
Sumter P & R / Phil Parnell
155 Haynesworth St
Sumter, SC 29150

*Make checks payable to:
Sumter Cty*

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 _____