



**HOSTED
BY
Niceville-Valparaiso
LL**



**BASEBALL COACHES'
CERTIFICATION
PROGRAM**

New Power Line Club
The Doyle Powerline Club is an online membership which entitles you to weekly online instruction, drills, tips, and discounts on Doyle schools. For further information go to doylebaseball.com/siebert

<p>Date: Jan 22, 2005</p> <p>Times: 9 - Noon</p> <p>Location: Major League Field on Hwy 85</p> <p>Cost: Niceville Managers - \$0 Niceville Coaches - \$10 All Others - \$23</p> <p>For More Info. Call: Joe Friedman (850) 865-2876</p>	WITH DOYLE COACHES' CERTIFICATION YOU RECEIVE
<p>New Doyle Baseball Power Line Club</p> <p>The Powerline Club is for coaches, parents and players. To join – go to doylebaseball.com/siebert</p>	<ul style="list-style-type: none"> ✓ Power Line Club monthly updates ✓ \$2 million excess individual liability insurance coverage ✓ Hands-on training techniques & PRACTICE ORGANIZATION TIPS ✓ Drill solutions & complete printed terms used in training ✓ Hitting Drills - stance, trigger, objective, finish, hips, hands ✓ Throwing Drills - finish, 80/20, shuffle, competitions ✓ Fielding Drills - fielding position, 1-2 Field, soft hands, quick hands ✓ Sliding Drills - proper techniques, safety

DOYLE BASEBALL ENROLLMENT APPLICATION Please print & complete all sections. Use one application per coach.

<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>Work Phone () _____</p> <p>How did you hear about Doyle Baseball? _____</p> <p>Have you previously attended Doyle Baseball? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p> If YES, where & when? _____</p>	<p>Niceville,FL Jan 22, 2005</p> <p>\$23 per coach (Niceville Managers \$0) (Niceville Coaches \$10)</p> <p>Mail application & payment to: Niceville-Valparaiso LL PO Box 764 Niceville,FL 32588</p> <p><i>Make checks payable to: N.V.L.L.</i></p>
---	---

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All students 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</p> <p>_____ Amount</p>	<p>Acceptance of Accident Insurance Disclaimer Above</p> <p>Name of Insurance Co. _____</p> <p>Policy Number _____</p> <p>Student Signature _____</p>
---	--