



**HOSTED
BY
Niceville-Valparaiso LL**



**NEW BASEBALL
COACHES' CERTIFICATION
PROGRAM**

Phase 2 Recognizing and Correcting Faults

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 www.doylebaseball.com/siebert

<p>Date: Jan 21, 2006</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: Will Howell (850) 314-0933 (eve)</p>	<p>WITH DOYLE COACHES' CERTIFICATION YOU RECEIVE</p> <ul style="list-style-type: none"> ✓ Power Line Club monthly updates ✓ Recognizing and Correcting Faults ✓ 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
<p style="text-align: center;"><u>New Doyle Baseball Power Line Club</u></p> <p>The Powerline Club is for coaches, parents and players. To join – got to www.doylebaseball.com/siebert</p>	

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? _____YES _____NO</p> <p style="padding-left: 20px;">If YES, where & when? _____</p>	<p>Niceville,FL Jan 21, 2006</p> <p>\$23 per coach (Niceville Managers \$0) (Niceville Coaches \$10)</p> <p>Mail application & payment to: NVLL PO Box 764 Niceville, FL 32588</p> <p><i>Make checks payable to: N.V.L.L.</i></p>
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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 ____Visa ____MasterCard ____AmEx</p> <p>Card Number _____ Exp. _____</p> <p>Cardholder Name _____</p> <p>Signature _____</p>	<p>Acceptance of Accident Insurance Disclaimer Above</p> <p>Name of Insurance Co. _____</p> <p>Policy Number _____</p> <p>Student Signature _____</p>
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