



MANAGERS/ COACHES CERTIFICATION PROGRAM



For further information go to
www.nvllb.org
Players school – Feb 10

HOSTED BY
Niceville-Valparaiso LL

<p>Date: Jan 20, 2007</p> <p>Times: Check In 8:45am 9 am - Noon</p> <p>Location: Niceville Major League Field</p> <p>Cost: Free – NVLL Managers \$10 – NVLL Coaches \$20 – All Others</p> <p>For More Info. Call: Will Howell 850-855-4175 (eve)</p>	<p>WITH THE COACHES' CERTIFICATION YOU RECEIVE:</p> <ul style="list-style-type: none"> ✓ Hands on Training Techniques ✓ Practice Organization Tips and Handouts ✓ Skill Development and Skill Drills ✓ Drill Solutions ✓ Printed Terminology ✓ Safety and 1st Aid Issues ✓ Speed and agility tips
<p>Presented by Kevin Berry, NHS Baseball Head Coach</p>	

ENROLLMENT APPLICATION		Must be completed to receive Certification. 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>Have you previously attended a baseball clinic? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, where & when? _____</p>		<p style="text-align: center;">Niceville, FL Jan 20, 2007</p> <p style="text-align: center;">Free – NVLL Managers \$10 – NVLL Coaches \$20 – All Others</p> <p style="text-align: center;">Mail application & payment to: NVLL PO Box 764 Niceville,FL 32588</p> <p style="text-align: center;"><i>Make checks payable to:</i> NVLL</p>	
<p>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.</p>			
<p>PAYMENT INFORMATION</p> <p><input type="checkbox"/> Check <input type="checkbox"/> 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>	