

**Do your
players
know how
good they
can be?**



**Skills and Drills
BB and SB Coaches'**

For further information, go to
www.doylebaseball.com

Home of Colorado Rockies Hitting Coach – Blake Doyle

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 Crieve Hall BB

Date:	Mar 7, 2015 Skills and Drills
Times:	Check In 12:45 pm 1 – 4 pm
Location:	Nashville BB Academy
Cost:	Head Coaches Paid for by Crieve Hall BB
For more information:	Chip Cruze (615) 837-5858

With Doyle Coaches' Certification You Receive:

- ❖ Hands on training techniques
- ❖ \$2,000,000 personal liability
- ❖ 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: _____

**Crieve Hall, TN
Mar 7, 2015**

Paid By League

**Mail application & payment to:
Lee Burklow
491 Allied Dr
Nashville, TN 37211**

**Make checks payable to:
Crieve Hall BB**

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 _____