

Hosted by:
McLean
County Pony
BB
Open to area
Coaches



**New Baseball Coaches'
 Certification Program**

For further information, go to
www.doylebaseball.com

About Doyle Academy

Doyle Baseball 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 Baseball to develop its unique teaching methods, leading to the game's most innovative and respected training programs.

Date:	Apr 16, 2010
Times:	Check In 5:45 pm 6 – 9 pm
Location:	YMCA in Bloomington 602 S Main St
Cost:	Paid For By League
For more information:	Roger Burns 309-662-5016

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: _____

Bloomington,IL
Apr 16, 2010

 Paid By League

 Complete this entire application
 prior to the program

 Mail application to:
 McLean County Pony BB
 Roger Burns
 PO Box 1779
 Bloomington, IL 61702

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

Not Applicable.

Acceptance of Accident Insurance Disclaimer Above

Name of Insurance Co. _____
 Policy Number _____
 Student Signature _____