



NEW BASEBALL COACHES' CERTIFICATION PROGRAM



HOSTED BY
CABA, AABC and THE
Southwest Ohio League

For further information go to
www.doylebaseball.com

<p>Date: Saturday March 13, 2010</p> <p>Times: 8 am . Noon 1st yr attendees 1 . 5 pm repeat attendees</p> <p>Location: Loveland HS</p> <p>Cost: \$25 per coach</p> <p>For More Information: Larry Redwine 513-677-1580 Lredwine@fuse.net</p>	WITH DOYLE COACHES' CERTIFICATION YOU RECEIVE:
<p>For future seasonal and Summer Academies visit: www.doylebaseball.com</p>	<ul style="list-style-type: none"> ✓ \$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 1st Aid Issues ✓ Speed and agility tips

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 _____ Primary Phone () _____ E-Mail Address _____ (for future updates) Lifetime Certification Yes _____ No _____ (Note: Must have attended multiple Doyle Coaches Schools) Team Name _____ Age Level You Coach _____ Have you previously attended Doyle Baseball? _____YES _____NO If YES, where & when? _____ Would you be interested in becoming a Doyle Staff Instructor: _____	<p>Cincinnati, OH March 13, 2010</p> <p>\$25 per coach</p> <p>Mail application & payment to: Larry Redwine 1173 French Crt Maineville, OH 45039</p> <p><i>Make checks payable to:</i> <i>Southwest Ohio League</i> <i>Or SWOL</i></p>
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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 and board members of the Southwest Ohio League from liability for 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 am unable to communicate effectively with medical personnel.

<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 Personal Health Insurance Company.</p> <p>Policy Number _____</p> <p>Coach Signature _____</p> <p>This is personal health insurance coverage information in the event you are injured while participating in the Doyle Coaches School</p>
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