



**Skills & Drills
Coaches' Certification Program**
Hosted by Decatur Fastpitch Softball
 Also - *Players Event Sat., Feb 25, 2017*
 12 – 5 pm



COACHES PROGRAM INFO

Date:	Sat., Feb 25, 2017
Times:	8 – 11 pm Check In Starts at 8:45 am
Location:	Wilson Morgan Park If Rain: TBA
What to Wear:	Coaches should be prepared for onfield activity. Wear shorts or sweats & sneakers or coaches' shoes. Bring your glove.
Cost:	\$20 per Coach
For More Info:	Cody Thorpe 205-368-0146 deaturfastpitch@gmail.com

With Doyle Certification, you receive:

- Hands-on training techniques
- Practice organization tips & handouts
- Skill development & skill drills
- Drill solutions
- Printed terminology
- Safety & first aid issues
- Hitting devices for sale on site

DID YOU KNOW?

Past Colorado Rockies Manager Walt Weiss attended Doyle Baseball

Doyle Baseball's Blake Doyle was the Colorado Rockies Hitting coach

Doyle Baseball has trained over 300,000 players and coaches with the game's most innovative & respected training methods since 1978

DOYLE COACHES ENROLLMENT APPLICATION — Must be completed to receive certification.
 Please print & use one application per coach. Complete all sections.

Last Name _____ First Name _____
 Street Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____
 (Additional coaching information will be sent via e-mail following completion of event)
 Home Phone () _____ Cell Phone () _____
 Occupation _____
 Age group(s) you coach _____
 Have you previously attended a Doyle program? Yes _____ No _____
 If yes, where & when? _____
 Would you be interested in becoming a Doyle Staff member? Yes _____ No _____

Feb 25, 2017 – Decatur, AL
\$20 per coach

Mail application & payment to:
Decatur Fastpitch

Decatur, AL

Make checks payable to:
Decatur Fastpitch

ACCIDENT/HEALTH INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND 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 Doyle Baseball from home or returning from Doyle Baseball to home. I hereby give my permission for emergency treatment in the event I cannot be reached.

NAME OF INSURANCE COMPANY _____

GROUP NUMBER _____ MEMBER ID _____

PARTICIPANT SIGNATURE _____

(Signifies Acceptance of Accident/Health Insurance Disclaimer Above)