



America's Finest Softball School is happening at
TOTAL FITNESS CONNECTION
 INDOOR TRAINING FACILITY.



Players Clinics

ALL OUR PLAYERS STRIVE TO MAKE STRAIGHT F's
FAITH – FAMILY FUTURE!!!!

**The winning attitude is:
 Not being afraid to fail!**

Get the basics before you start!

HOSTED BY: WARREN COUNTY YOUTH SOFTBALL

Reach up for something higher!!

Dates: Session 1 3/24 - Session 2 4/14 - Session 3 4/21

New Doyle BB & SB Power Line Club

Times: Saturdays: 9am – 12pm Check in: Start -7:30am

The Club is for coaches, parents and players. To join – go to www.doylebaseball.com/stinson
 Entitles you to weekly online instruction, drills, tips, and discounts on Doyle schools.

Ages: Groups 4u thru 18u Girls

Location: TOTAL FITNESS CONNECTION
 542 THREE SPRINGS RD.

Tuition: Session #1
 3 hours of training \$20/player per session
Regular - a \$135 value

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

Special Notes: Bring your own bat & glove.
 Wear comfortable training clothes & tennis shoes.
 For more information contact:
 Tina Tuck (270) 535-3295
softballtina@gmail.com

Private lesson information available: Todd Stinson
 Level 1 instructor Doyle BB & SB
 Athletics Supervisor at Total Fitness Connection
 270-782-3503 ext. 105
tstinson@totalfitnessconnection.com

DOYLE SOFTBALL ENROLLMENT APPLICATION

Please print & complete all sections. Use one application per player.

Last Name _____
 First Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Birth Date ____ / ____ / ____ Age _____ Grade _____
 Parent E-Mail Address _____ (for future updates)
 Player E-Mail Address _____ (for future updates)
 Mother or Guardian Name (first & last) _____
 Mother's Occupation _____ Work Phone () _____
 Father or Guardian Name (first & last) _____
 Father's Occupation _____ Work Phone () _____
 How did you hear about Doyle Baseball? _____

Mail Applications to:
WCYS-TFC Clinic
P.O. Box 1418
Bowling Green, KY 42102

Make checks payable to:
 Total Fitness Connection

ALL APPLICATIONS MUST BE SIGNED BY A PARENT OR GUARDIAN BEFORE TRAINING WITH OR WITHOUT INSURANCE.

NO EXCEPTIONS

ACCIDENT INSURANCE INFORMATION - MUST BE COMPLETED TO ATTEND THE PROGRAM - All students 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 session 1 ___ 2 ___ 3 ___ (\$20 per session)

___ Check ___ Cash ___ Visa ___ MasterCard ___ AmEx **TOTAL\$** _____
 Card Number _____ Exp. _____
 Cardholder Name _____
 Signature _____

Acceptance of Accident Insurance Disclaimer Above

Name of Insurance Co. _____
 Policy Number _____
 Parent/Guardian Signature _____
 Student Signature _____