



2018 EVOSHIELD CANES - 11U Hood

**To register to attend the tryout. Please fill out the form below,
Text or email completed form to: 919-355-5712, caneshood@gmail.com,
Email/call/text Coach Hood with any questions**

Monitor Facebook site for any tryout date updates
<https://www.facebook.com/11uRaleighNC/>

REGISTRATION: Registration Begins @ 12:00pm; Tryout 1:00pm to 3:00pm

DATE: Saturday December 2nd, 2017

LOCATION: Canes Gilchrist Field, 2009 Pagan Road, Raleigh, NC 27603

Name _____ School _____

DOB _____ Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

HT _____ Wt _____ Bat _____ Throw _____ Current Team _____

Primary Pos. _____ Secondary Pos. _____ Other Pos. _____

Medical Waiver: I waive and release Canes Baseball, their staff, and Canes Gilchrist Field from any liability of injury that may occur during the tryout to the above-mentioned participant, on site or traveling to or from this event. I understand that by signing this waiver, I am giving consent to participate in this event and assume all risk arising from it.

Parent/Guardian Signature: _____ Date: _____