

2018 EVOSHIELD CANES - 12U

The Evoshield Canes 2018 12U Baseball Team will have a tryout for their Spring & Summer 2018 Season. This team will be based out of Raleigh, NC. Some tournaments will require overnight stay as we will compete regionally against some of the best competition in the Mid-Atlantic and South. This program provides players an opportunity to play with an elite baseball organization while playing in a highly competitive environment.

If you are interested in becoming a member of the 2018 Evoshield Canes – 12U baseball program, details are below. Please complete the form on page 2 and return via email. If you have questions about the schedule, feel free to contact Rick Harland. Players that attend the tryout will participate in a pro-style workout. Bring all necessary equipment, including water.

Date: Saturday August 5, 2017 from 2:30pm – 4:30pm

- **Final roster selections to be made by Monday, August 7th at 5:00pm**
- **Roster to be posted via The Evoshield Canes website, www.canesbaseball.net**

Time: Registration Begins @ 2:00pm; Tryout begins at 2:30pm.

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

Details of Pro-Style Tryout:

- **INF drills with throws from SS to 1B**
- **OF drills with throws from RF to 3B/Home Plate**
- **Catcher POP times to 2B and blocking drills**
- **Batting practice**
- **Pitcher bullpen/live sessions**
- **Timed 60-yard dash**

Contact: Rick Harland

- **rick.harland@hydro-rents.com**
- **(919) 695-6297 cell**

2018 EVOSHIELD CANES 12U REGISTRATION FORM

You must pre-register to attend the tryout. Please fill out the form below, scan and email to rick.harland@hydro-rents.com

REGISTRATION: Registration Begins @ 2:00pm; Tryout from 2:30pm – 4:30pm

DATE: Saturday August 5, 2017

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

TRYOUT FEE: \$15

MAKE CHECKS PAYABLE TO: Rick Harland

MAIL CHECKS TO: Rick Harland, 3049 Colmar Manor Dr., Cary, NC 27519. Please mail before July 21, 2017; CASH ONLY ACCEPTED AT REGISTRATION

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: _____