

Canes Baseball Registration/Medical Waiver Form

By checking the box below I waive and release Hurricanes Baseball, West Johnston High School, Johnston County Public School System and their respective coaching staffs and faculty from any liability of injury that may occur during the tryout, while on site or traveling to and from this event. I understand that signing this waiver, I am giving consent to the player registered on this form to participate in this event and I assume all risk arising from it.

Check here if you consent: ()

Player Name: _____

HS Grad Class: _____

High School: _____

Current team: _____

Primary Position: _____ Secondary Position: _____

Bats: _____ Throws: _____

Height: _____ Weight: _____

Phone Number: _____

Email: _____

Address: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Parent/Guardian Signature: _____