

## Canes Baseball Registration/Medical Waiver Form.

By checking the box below I waive and release Hurricanes Baseball, Cary Academy 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: \_\_\_\_\_

Grad Class: \_\_\_\_\_

High School: \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Bats: \_\_\_\_\_ Throws: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_