



2018 EVOSHIELD CANES - 14U Maxwell

To register to attend the tryout. Please fill out the form below, Text or email completed form to: 301-928-3140, evocanesmd@gmail.com, Email/call/text Coach Maxwell with any questions

REGISTRATION DATES: Please select one

_____ DATE: Wednesday June 13, 2018 Registration Begins @ 5pm; Tryout 5:30pm to 7:30pm

_____ DATE: Sunday June 24, 2018 Location and time - TBD

LOCATION: Blake High School, 300 Norwood Road Silver Spring, MD 20905

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 Blake High School 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: _____