



# Hawaii Kai Youth Baseball (HKYB)

P.O. Box 25942 Honolulu, Hawaii 96825 www.hkyb.org service@hkyb.org

## 2009 SPRING SEASON REGISTRATION

DEADLINE: DECEMBER 31, 2008

PLAYER INFORMATION			
First Name	Last Name	Birth Date	
Mailing Address	City	Zip Code	Home Phone

FATHER'S INFORMATION			
Name	Work Phone	Cell Phone	Email Address
I Will (Circle One)	Coach	Assistant Coach	Umpire Team Parent Field Maintenance Other:

MOTHER'S INFORMATION			
Name	Work Phone	Cell Phone	Email Address
I Will (Circle One)	Coach	Assistant Coach	Umpire Team Parent Field Maintenance Other:

First Year in League? YES / NO	Returning to same Team & Division? YES / NO	Returning to same Division but entering draft for new team? YES / NO	Moving up to next Division? YES / NO
Last years Team/Division	Name of Sibling in League	Team/Division of Sibling	Comments

Send Payment to: HKYB P.O. Box 25942 Honolulu, HI 96825			
_____ Shetland Division	5-6 Years Old	(5/1/02 - 4/ 30/04)	<b>\$120</b>
_____ Pinto Division	7-8 Years Old	(5/1/00 - 4/ 30/02)	<b>\$150</b>
_____ Mustang Division	9-10 Years Old	(5/1/98 - 4/ 30/00)	<b>\$150</b>
_____ Bronco Division	11-12 Years Old	(5/1/96 - 4/ 30/98)	<b>\$150</b>
_____ Pony Division	13-14 Years Old	(5/1/94 - 4/ 30/96)	<b>\$150</b>

Do Not Rely On Last Years Size	
Uniform Size (Circle One)	Uniform Tried On? YES / NO
_____ JERSEY	_____ PANTS
Youth - S M L XL	Youth - S M L XL
Adult - S M L XL	Adult - S M L XL
Comments:	

Hawaii Kai Youth Baseball, Inc. does not provide medical/dental insurance. Applicants without insurance will not be allowed to join HKYB

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ (On a separate sheet, list any special medical conditions)

### READ CAREFULLY

I/We the parent(s) or guardian(s) of the above-named applicant, give my/our approval to the applicant's participation in any and all Hawaii Kai Youth Baseball activities. I/We assume all risks and hazards incidental to any participation, including transportation to and from the activities; and I/We waive, release, absolve, and agree to hold harmless Hawaii Kai Youth Baseball, Inc., its Board of Directors, managers, coaches, supervisors, participants, and persons transporting my/our child to or from all activities, whether as a result of negligence or for any other cause. If this is signed by one parent, it is done with the expressed consent and direction of the other parent and such other parent has agreed to be bound by this disclaimer.

I/We authorize a Coach, Assistant Coach, or League Official or Administrator to include Officials of Tournaments not held in Hawaii Kai and persons supervising or transporting the applicant to or from all activities to act as My/Our agent(s), to consent to medical, surgical or dental examination and/or treatment for the applicant.

As a parent or guardian who might be assisting in the coaching or administration of the league or a team, the undersigned assume all risks and hazards incidental to coaching or participating in Hawaii Kai Youth Baseball, Inc. practices or games, including transportation to and from all activities. I/We waive, release, absolve, indemnify and hold harmless the league, the chartering organization, the organizers, sponsors, participants and persons providing transportation to and from activities.

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_