Aiea Little League Application

PO Box 567 Aiea, Hawaii 96701
www.aiealittleleague.org

New Player ___
Returning Player ___

Division TB___ PW___ MIN___ MAJ___ INT___ JRS___
Season: REG___ FALL___ WIN___ SUM___ INTER___

Shirt Size (will be used to order uniforms):
Youth: S___ M___ L___ XL___
Adult: S___ M___ L___ XL___ 2XL___

Player Name (Last, First, MI) _____ Birth Date (mm/dd/yy) _____ League Age _____

Player Street Address _____ City, State _____ Zip Code _____

Player's School _____ Player's Home Phone _____ Male ____ Female ____

I/We, the parents or legal guardians of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, participants and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.
I/We agree to replace any damaged Little League equipment caused by the above candidate except for those caused by normal wear and tear.
I/We will furnish a certified birth certificate of the above candidate to League Officials.

Father/Guardian Name (Last, First, MI) _____ E-mail Address _____ Home Phone _____ Cellular Phone _____

Mother/Guardian Name (Last, First, MI) _____ E-mail Address _____ Home Phone _____ Cellular Phone _____

Medical Plan _____ Policy Number _____

DISTRICT AFFIDVIT

I am aware of the Little League rules that requires that the player must reside or attend school within the boundaries of this League. I understand the rule and it's resulting consequences if not complied with. I also assure this League that the address and/or school shown on this registration form is that of my child's legal residence/school and that the address or school shown is within the boundaries of Aiea Little League.

AIEA LITTLE LEAGUE BOUNDARIES

NORTH: Crestline of the Koolau Mountain Range
SOUTH: Pearl Harbor
EAST : Middle Street
WEST: Kaahumanu Street Makai to Kuleana Road, to Kamehameha Hwy, including Kaluamoi Dr. & Place below Kam Hwy

REFUND POLICY

All player withdrawal requests must be received in writing prior to a player being drafted onto a team to receive a full refund. No refunds will be provided after a player is drafted onto a team.
A $20 service fee will be assessed for all returned checks.

Parent or Legal Guardian Signature _____ Date (mm/dd/yy) _____

RECEIPT

Received From: _____ Check No. _____ Financial Inst _____
Birth Certificate _____ Cash _____
District School _____
Registration Fees: _____ On File _____ Aiea Little League Official: _____