

**Hawaii Baseball Association
Player Registration Form**
P.O. Box 1959, Aiea, HI 96701
www.hawaiibaseball.org

New Player
 Returning Player

Player Name: _____
Last Name, First Name, MI

Date of Birth: _____ League Age: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Player School: _____

Gender: Male Female

Shirt Size: _____

Pants Size: _____

Belt Size: Youth Adult

Sock Size: Youth Adult

Hat Size: Youth Adult

Division: _____

Parent/Legal Guardian #1

Parent/Legal Guardian #2

Name: _____
Last Name, First Name

Name: _____
Last Name, First Name

Phone: _____

Phone: _____

Email: _____

Email: _____

Medical Information

Emergency Contact: _____ Phone: _____

Relationship to player: _____

Insurance Carrier: _____ Policy Number: _____

League Use Only

Birth Certificate:

Cash: Check:

Fee: _____

1. I/We the parents or legal guardians of the above named candidate for a position on a Hawaii Baseball Association (HiBA) team, hereby give my/our approval to participate in any and all HiBA activities.
2. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities.
3. I/We hereby waive, release, absolve, indemnify and agree to hold 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.
4. I/We agree to replace any damage HiBA equipment caused by the above candidate except those caused by normal wear and tear.
5. I/We will furnish a certified birth certificate of the above candidate to League Officials.
6. I/We are aware of the HiBA 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.
7. I/We 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 Hawaii Baseball Association.
8. If HiBA is utilizing the United States, Department of Defense and/or Department of the Navy, City & County of Honolulu baseball fields and/or property for HiBA activities, I/We agree to hold harmless and indemnify the United States, Department of Defense and Department of the Navy, City & County of Honolulu, and any of its agents or sub-units for claims arising from any of the HiBA activities.
9. 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 \$25 service charge will be assessed for all returned checks.

Parent or Legal Guardian Signature

Date