

# PONY BASEBALL

## 2010 MAKAKILO/KAPOLEI YOUTH BASEBALL LEAGUE

(An Affiliated Member of PONY Baseball, Inc. and Hawaii State Youth Baseball, Inc.)

*Youth from the Kapolei, Makakilo, Barbers Point, and Honokai Hale communities as well as from the entire leeward area are eligible to participate. The following divisions will be available in order to serve boys and girls of all ages:*



Division	Age as of Apr 30, 2010
SHETLAND (T-Ball)	5-6 years old
PINTO (Coach Pitch)	7-8
MUSTANG (60 ft bases)	9-10
BRONCO (70 ft bases)	11-12
PONY (80 ft bases)	13-14



### REGISTRATION WILL BE ON:

**FOR RETURNING PLAYERS; SUN 9 AM to 5 PM OCT. 25, NOV 1, & 8 2009 at Makakilo Rec.  
FOR NEW PLAYERS; SUN 9AM - 5PM NOV. 15, 22, & 29 2009 at Kapolei Safeway**

If you have any questions, please visit our web site [mkybl.com](http://mkybl.com)

This box for league use only	Division	Shetland	Pinto	Mustang	Bronco	Pony
	Age as of April 30, 2010	5-6	7-8	9-10	11-12	13-14
	Date received					

Forms can also be downloaded at [mkybl.com](http://mkybl.com)  
PONY (Protect Our Nation 's Youth)

## *Makakilo/Kapolei Youth Baseball League*

P.O. Box 700693, Kapolei, Hawaii 96709-0693

**2010** Season Registration Form  
(Please Type or Print)

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
mo/ day /year

Phone: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on April 30, 2010: \_\_\_\_ Sex: ( ) M ( ) F

Playing Experience: \_\_\_\_\_ Years: \_\_\_\_\_ School Attending: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Fathers/Guardians Name: \_\_\_\_\_

Mothers/Guardians Name: \_\_\_\_\_

Address (If different than above) \_\_\_\_\_ Phone: \_\_\_\_\_

If there is an emergency and I/we cannot be reached, please contact:

Who is hereby authorized to act in my/our behalf ( Print full name, address, and phone number)

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Does this child have any history of illness/allergies? Yes ( ) No ( )

If yes, please describe

Please list any medication required \_\_\_\_\_

Medical Plan \_\_\_\_\_ Medical Membership/Policy Number \_\_\_\_\_

If you wish a family doctor to be contacted in case of emergency, please indicate name and phone number below:

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Parental Authorization, Medical Release and Financial Contract for Participation in

***Makakilo/Kapolei Youth Baseball League***

I, parent/guardian of (print players name) \_\_\_\_\_ hereby give approval for participation in any and all **Makakilo/Kapolei Youth Baseball League** activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home or when neither parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the **Makakilo/Kapolei Youth Baseball League, Hawaii State Youth Baseball, Inc., Pony Baseball, Inc.**, the organizers, sponsors, supervisors, league officials, participants and persons transporting the player to and from activities for any claim arising out of an injury to the player. I agree to furnish a birth certificate and medical insurance plan card for the player upon request of league officials. I agree to fulfill my financial obligations to the **Makakilo/Kapolei Youth Baseball League** which includes registration fees and fund raising. I also agree to participate in the leagues fund raising programs, if required. I understand I have the following options to meet my financial obligation.

\_\_\_\_\_ I will pay for the Registration Fee and Fund Raise the balance for the \_\_\_\_\_ Division.

\_\_\_\_\_ I will pay for the Total Cost in Full (which includes the registration fee and fund raiser).

**(Parents Initials)**

DIVISION	AGES	TOTAL COST	REGISTRATION FEE	FUND RAISING
SHETLAND	5-6	\$110.00	\$70.00	\$40.00
PINTO	7-8	\$140.00	\$90.00	\$50.00
MUSTANG	9-10	\$175.00	\$110.00	\$65.00
BRONCO	11-12	\$175.00	\$110.00	\$65.00
PONY	13-14	\$185.00	\$120.00	\$65.00
INTACT	7-8	\$170.00	\$170	
INTACT	9-14	\$180.00	\$180	

I understand that all monies collected will be used to cover the cost of the player uniforms, medical/liability insurance, membership fees (national, state, and section fees), umpiring fees, tournament fees, pictures, equipment, league operating expenses, and a non-refundable \$40.00 processing fee. There will be a service charge of \$15.00 for all returned checks. MKYBL will establish a cut-off limit on the total number of rostered players for each division. Completed registration form and paid registration fee or total cost will constitute a rostered player. All others may be placed on a wait list if limits are reached. No refunds given after January 15. There is no minimum playing time for this league.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

Please provide this form with a check or cash for the registration fee or total cost (payable to **MKYBL**), a copy of the child's birth certificate, and a copy of the child's medical insurance card.

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**P.O. Box 700693**  
**Kapolei, Hawaii 96709-0693**