

Age Waiver Application – FORM FILLABLE

Complete the following application entirely. If this application is approved, it will apply to the following events: Moku O Keawe Sanctioned Tournaments as listed on the Moku O Keawe Calendar. **A separate Junior Regional waiver must be filed for approval to play in the Girls or Boys Junior Regional Championships.**

You may not use this waiver for USAV Junior National Championships.

You will receive notification via email with the outcome of your request within 5-7 business days.

To be completed by a Club Director

Player Name (Last, First): _____ Parent Name (Last, First): _____

Date of Birth: _____ Male / Female Grade in School: _____

Club Name: _____ Age Division: _____

Playing experience, yrs., other clubs? _____ Jersey Number _____

Tournament in which player wants to enter. Please list all that apply:

Tournament Name: _____ Date: _____

Tournament Name: _____ Date: _____

Tournament Name: _____ Date: _____

Tournament Name: _____ Date: _____

Tournament Name: _____ Date: _____

Tournament Name: _____ Date: _____

Parent Signature: _____ Date Signed: _____

Player Signature: _____ Date Signed: _____

Club Director's Name: _____ Club Director's Phone: _____

Club Director's Signature: _____ Date Signed: _____

PRINT FORM then SIGN!

Mail to: 178 Pohai St., Hilo HI 96720 or Scan and email to mokuregion@yahoo.com

Attn: Angie Andrade-Morioka, Regional Commissioner

MOKU O KEAWE OFFICE USE ONLY

Approved Denied Date: _____

Age Waivers may only be requested by a Club Director

Regional Commissioner Signature _____