



*Sample
Tournament Team Binder*



Page 3
Team Photo

Maui Bronco League
2015 Bronco Division
All Stars



Bottom Row (L-R): Dylan Kokubun, Tai Kauhaa-Po, Danelle Daniels,
Isiah Kekahuna Hernandez, Makane Honokaupu, Kory Shirota

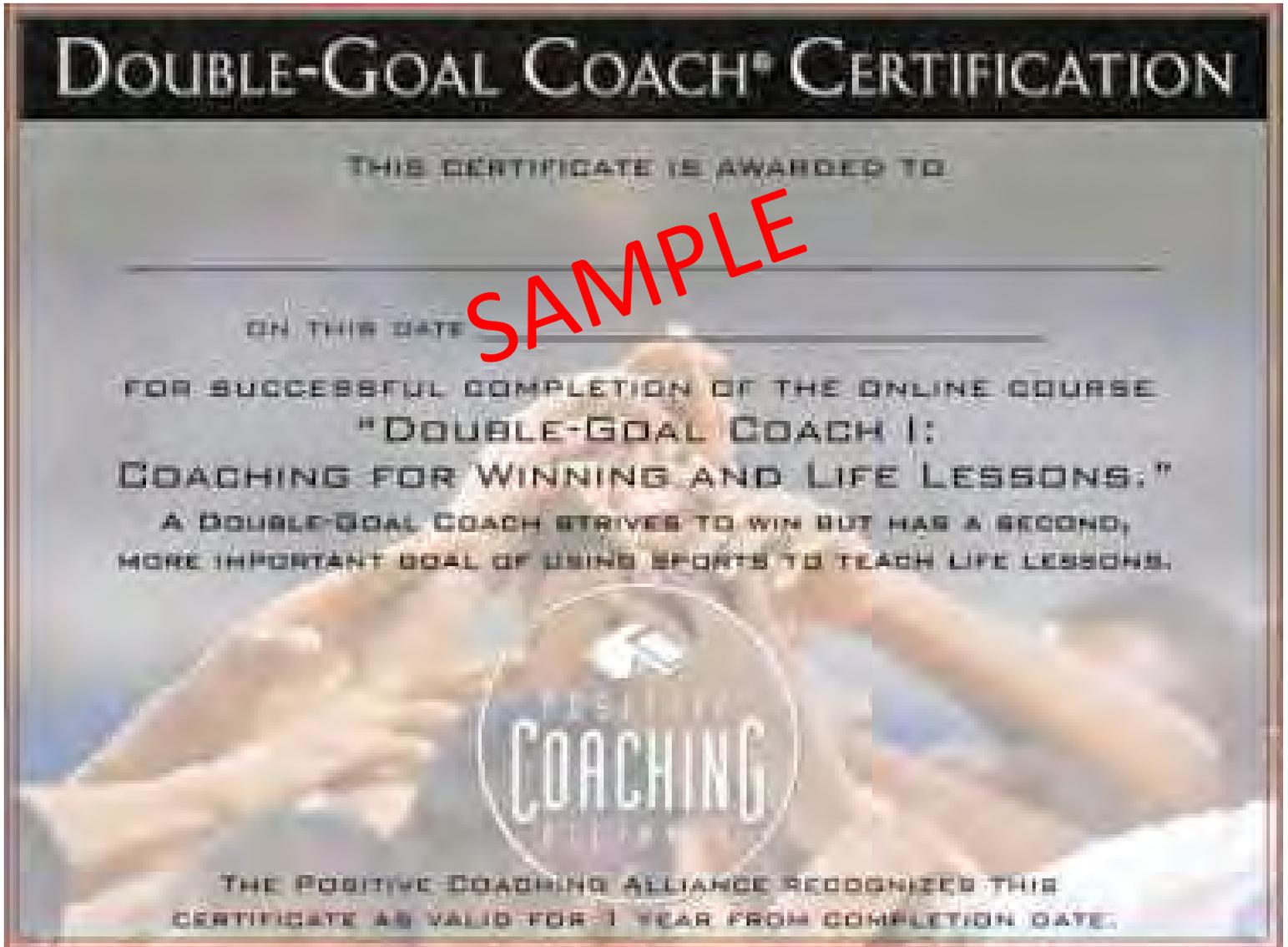
Middle Row (L-R): Dylan Waite, Jayke Cantero, Taylor Arashiro-Mamuad,
Shaeston Machida-Santos, Isaiah Akiona, Brandon Barron

Top Row (L-R): Manager Scott Teruya, Jensen Chong, Jaysen Cantero,
Kalewa Kalanikau, Coach Corey Waite, Business Manager Dean Kokubun.

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Double Goal Coach Certificate

Please include one for each coach on team



Page 8
HCAMP Coach Concussion
Certificate

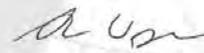
Please include one for each coach on team



Certificate of Completion
BrainSpace for Youth/Community Organizations

Sample

Has completed the certification for
Concussion Awareness on
Nov 7, 2018


Ross Oshiro
HCAMP Director

#H1234562018

Please organize each of the following documents by player. Then file ALPHABETICALLY by player last name in binder:

All players shall have each of the following documents:

- *Individual Player Photo (2"x3")*
- *Birth Certificate (ORIGINAL & COPY)*
- *Current Medical Insurance Card (ORIGINAL & COPY)*
- *Proof of Residency (ORIGINAL & COPY)*
- *Tournament Player Commitment Form (ORIGINAL SIGNATURE)*
- *Medical Release Form (ORIGINAL SIGNATURE)*
- *Publication/Video Release Form (ORIGINAL SIGNATURE)*
- *Code of Conduct (ORIGINAL SIGNATURE)*
 - *BOTH Parents or Legal Guardians MUST SIGN*
 - *(1) Household parent/guardian if applicable*
- *Parent PCA Second Goal Parent Certificate*
- *Parent HCAMP Parent Concussion Certificate*

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Individual Player Photo (2"x3")



Page 10
Birth Certificate

CERTIFICATION OF LIVE BIRTH

STATE OF HAWAII
HONOLULU



DEPARTMENT OF HEALTH
HAWAII U.S.A.

CERTIFICATE NO. [REDACTED]

CHILD'S NAME

DATE OF BIRTH

HOUR OF BIRTH

SEX

CITY, TOWN OR LOCATION OF BIRTH

ISLAND OF BIRTH

COUNTY OF BIRTH

MOTHER'S MAIDEN NAME

MOTHER'S RACE

FATHER'S NAME

FATHER'S RACE

DATE FILED BY REGISTRAR

SAMPLE

Current Medical Insurance Card



Standard (PPO)

Subscriber Name
KIMO M ALOHA

Group **M12440 MedicareRx**
Prescription Drug Coverage X
CMS-H3832 007

Subscriber ID
XLLA000011234466

Personal Care Physician
DR MCKI HANA

PLAN (80840) MEDICAL **708**
RXBIN **004336** PART D **725**
RXPCN **MEDDADV**
RXGRP **RX3982**
RXID **A000011234466**



HMSA Akamai Advantage



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Proof of Residency

Account Number:
999999999999
Invoice Number:
999999999

Service Address
1200 SMITH STREET
Contract:
99999999

1 JANE DOE

ACCOUNT SUMMARY	
(See Bill Detail section for more information)	
Service Period	10/27/15 - 11/24/15
Previous Balance	\$117.24
Payments	\$117.24
OUTSTANDING BALANCE	\$0.00
Current Charges	\$96.64
Current Charges	\$96.64
TOTAL AMOUNT DUE 12/14/2015	\$96.64

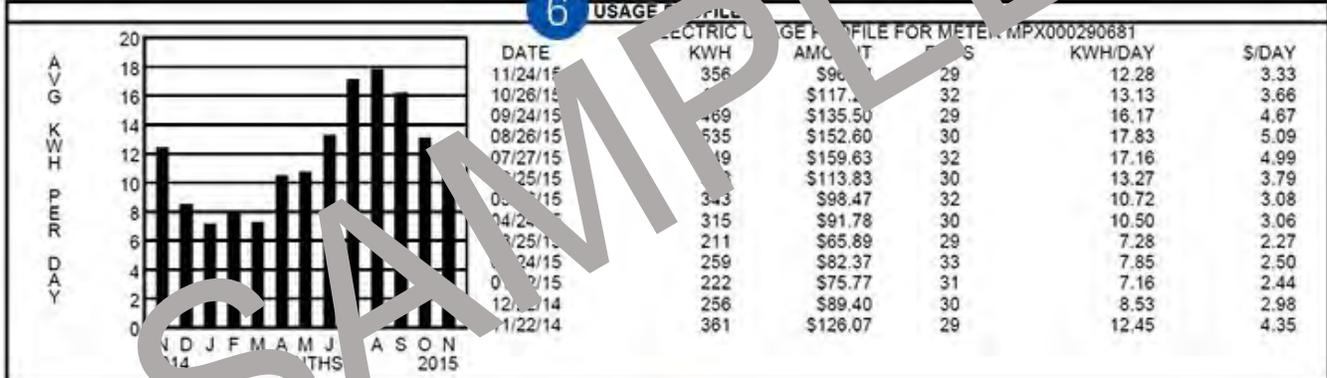
4 MESSAGES

Beware of fraudulent calls by scammers posing as utility employees to attain money through MoneyPak, prepaid cards, and more. To check if the call is legitimate, call us at 548-7311.

5 BILL PERIOD

METER#	R Residential Service REGISTER	CURRENT READING	PREVIOUS READING	DIFFERENCE	FROM 10/27/15 TO 11/24/15 29 DAYS	MULTIPLIER	USAGE
MPX999999999	KWH	48,858.00	48,502.00	356.00	1	356.00	

6 USAGE PROFILE



WHEN PAYING IN PERSON, PLEASE PRESENT BOTH PORTIONS
PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

7

Hawaiian Electric Company
PO Box 3978
Honolulu, HI 96812-3978
Telephone: (808) 548-7311

8 ACCOUNT NUMBER
999999999999

TO BE PAID BY BANK

10 DUE DATE
Dec 14, 2015

TOTAL AMOUNT DUE
9 \$96.64

AMOUNT ENCLOSED
11

PLEASE MAKE CHECKS
PAYABLE TO:

Hawaiian Electric Company
PO Box 3978
Honolulu, HI 96812-3978

12 JANE DOE
1200 SMITH STREET
HONOLULU, HI 96817

13 11 20443736201 00000009664 00000009664

Page 13 (optional)
May Be Used to Prove
Residency
School Enrollment Form



Hawai'i PONY Baseball, INC
School Enrollment Form

Form Shall Be Used To Determine Boundary Eligibility

To Be Filled Out By Parent/Legal Guardian

Division: ____ Shetland ____ Pinto ____ Mustang ____ Bronco ____ Pony ____ Colt ____ Palomino

Date Requested: _____ League Name: _____

Player/Student Name: _____ Date of Birth: _____

Parent/Legal Guardian Address: _____
(Street) (City/State) (Zip Code)

Print Name – Parent/Legal Guardian Signature – Parent/Legal Guardian Date

To Be Filled Out By School Administrator, Principal or Vice Principal

I, _____ of _____ School, located at
(Print Name) (Name of School)

_____ hereby verify that _____
(School Physical Address) (Student Name)

Has enrolled and is attending the named school at its given location for the _____ academic
(Year)

school year prior to October 1st, of the current year. This student has been enrolled as of _____
(Date)

Our records of file also verify that the student's physical address, and is residing with the Parent/Legal
Guardian as mentioned above.

Administrator Signature _____ Title _____ Date _____

If the Tournament Director(s) subsequently finds that previously submitted information/documentation was falsified, misrepresented or insufficient, then Hawaii PONY Baseball, INC reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or league which could result in the suspension and/or termination from PONY Baseball, INC and elimination of tournament team.

The Region and Local League will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless school enrollment changes. An updated form would then be required.

Tournament Player Commitment Form

Print Form

Hawaii Pony Baseball, Inc. Tournament Commitment Letter

Hawaii Pony Baseball, Inc. continues to "Protect Our Nations' Youth" by providing a youth program that will teach them to "Honor the Game" and all the adult leadership and decisions made for our youth that surround them during the tenure of their baseball career. The values we teach our youths will be with them for a lifetime filled with memories whether positive or negative. One of those values we want to instill in our youths is commitment. We are setting these values and asking for your commitment to this PONY Baseball tournament season. If you cannot commitment to this obligation and value, then we recommend that you do not commit to this tournament season and remove your child from further participation in this years' tournament season.

Commitment Tournament Eligibility

Players participating on another organizations tournament team or travel ball team during the PONY Baseball tournament season from start dates June 7, 2019 to completion dates August 14, 2019, will not be eligible for tournament play.

Initials: Father _____ Mother _____

Tournament Commitment

We, the parents of _____, hereby will make this commitment for my child to be eligible for PONY Baseball tournament season dates listed above. My child is not and will not be participating with another tournament team, travel ball team, or team during PONY Baseball's tournament. My child will commit to tournament team _____ until we have completed tournament season or have been eliminated from further play in a participating PONY Baseball Tournament (Section, Region, Zone, & World Series)

Initials: Father _____ Mother _____

We understand, if it is found that if we do not honor this commitment, my child will be removed from further play in any tournament level (Section, Region, Zone, World Series) and will not be eligible for any future PONY Baseball tournament eligibility and we will be responsible to reimburse Hawaii Pony Baseball, Inc. the cost of travel that was paid for my child.

Please initial: _____
Father _____ Mother _____

Print Name - Parent or Legal Guardian (Father)

Print Name - Parent or Legal Guardian (Mother)

Signature - Parent or Legal Guardian Date

Signature - Parent or Legal Guardian Date

Medical Release Form



**PARENTAL AUTHORIZATION
MEDICAL RELEASE FOR
PARTICIPATION IN
PONY BASEBALL OR
SOFTBALL ACTIVITIES**

I, as the parent or guardian of (player's name) _____,
do hereby give my approval for their participation in any and all PONY BASEBALL or
SOFTBALL league activities. I hereby grant my permission to managing personnel or
other league representatives to authorize and obtain medical care, at my expense, from
any licensed physician, hospital or medical clinic should the player become ill or injured
while participating in league activities away from home, or where neither parent or legal
guardian is available to grant authorization for emergency treatment.

I assume all risks and hazards incidental to my child's participation, including
transportation to and from the activities; and do hereby waive, release, absolve,
indemnify and agree to hold harmless the local PONY BASEBALL, INC organization,
PONY BASEBALL, INC, the organizers, sponsors, supervisors, participants and
persons transporting the player to and from the activities, for any and all claims arising
out of an injury to the player.

I further agree to furnish a certified birth certificate for the player, upon request of league
officials, and to return upon request the uniform and other equipment issued to the
player in as good a condition as when received, except for normal wear and tear in
league activities.

Insurance Company: _____

Policy or Certificate Number: _____

Signature of Parent or Legal Guardian: _____

Print Name of Parent or Legal Guardian: _____

Relationship: _____

Date: _____

Publication/Video Release Form



PONY Baseball/Softball

Publication/Video Release Form

By signing this form, you agree to the terms and conditions of this agreement. Please complete the following:

- 1. Print all of the following legibly. Use blue or black ink.
- 2. Check the boxes below.
- 3. Sign this form
- 4. Distribute as instructed.

I hereby give my permission to PONY Baseball, Inc, Hawaii Pony Baseball, Inc. and affiliates to use my child's photographs, videotape, or otherwise record my child's name, voice, and/or likeness in its publications. I understand that examples of my child's photo's and/or these recordings of my child will be used exclusively for non-commercial, promotional purposes, which may include, but not limited to, distribution by print, internet, or digital media and open-circuit broadcast, closed-circuit, and/or cable television transmission within or outside of the State of Hawaii for the duration of the media.

I understand that there will be no financial or other remuneration for use of my child's PONY Baseball, Inc., Hawaii PONY Baseball, Inc. and affiliates photos and/or recordings, either for initial or subsequent transmission or playback, and I hereby release PONY Baseball, Inc., Hawaii PONY Baseball, Inc. and affiliates from any liability resulting from or connected with the publication of such work. Permission is granted for the duration of the media. I further understand that my permission or consent may be rescinded; however, in order for the revocation of permission/consent to be effective, it must be made in writing and said revocation will not affect the publication or work that has already been produced.

PONY Baseball, Inc., Hawaii PONY Baseball, Inc. and affiliates may use my child's name, likeness, photos, and/or bibliographical identification for publicizing and promoting the use of these recordings.

PONY Baseball, Inc., Hawaii PONY Baseball, Inc. and affiliates has permission to photograph, videotape or otherwise record my child's name, voice, and/or likeness for promotion purposes. yes no

PONY Baseball, Inc, Hawaii PONY Baseball, Inc. and affiliates has permission to use my child's photos for promotional purposes. yes no

Players Name (Please Print)

Parent/Guardian Name (Please Print)

League

Division

Signature

Home Address

City

State

Zip Code

Email

Mailing Address

(if different from above)

City

State

Zip Code

Phone

Date

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Code of Conduct Form



Hawai'i PONY Baseball, INC Code of Conduct

I hereby pledge to provide positive support, care, and encouragement for my child _____, participating in any League functions, and/or Hawai'i Region Tournaments, Hawai'i Section Tournaments, West Zone Tournaments, and PONY Baseball World Series Tournaments.

- I will remember that the game is for the players – not the adults.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every practice and/or game.
- I will support the coaches and officials working with my child, in order to encourage a positive and enjoyable experience of all.
- I will do my very best to make participation on the Tournament All Star team fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials, with respect and aloha regardless of race, sex, creed, or ability.
- I promise to help my child enjoy the Tournament All Star team experience by “Honoring the Game” and being a respectful, positive fan that will demonstrate a positive role model for my child, team members and team supporters.
- I understand and agree that failure to abide by the above terms and conditions may result in being banned from attending practices and/or games. Secondly, I understand and agree that repeated failure to abide by the above terms and conditions will result in my child's removal from further play in the current tournament season.

Print Name-Parent or Legal Guardian

Print Name-Parent or Legal Guardian

Signature - Parent or Legal Guardian Date

Signature - Parent or Legal Guardian Date

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*Parent PCA Second Goal Parent
Certificate*

SECOND-GOAL PARENT

THIS CERTIFICATE RECOGNIZES

ON THIS DATE

COMPLETION OF THE ONLINE COURSE

"SECOND-GOAL PARENT:

DEVELOPING WINNERS IN LIFE THROUGH SPORTS."

A SECOND-GOAL PARENT GIVES THEIR CHILD LOVE AND UNCONDITIONAL
SUPPORT AND LETS THE COACHES AND PLAYERS FOCUS ON WINNING.



THANK YOU FOR YOUR SUPPORT OF THE POSITIVE COACHING MOVEMENT.

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*Parent HCAMP Parent
Concussion Certificate*

