***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): Click and enter text. Parent Name (Last, First): Click and enter text.

Date of Birth: Click and enter info Male / Female Grade in School: \_\_\_\_\_

Club Name: Click and enter text. Age Division: \_\_\_\_\_\_\_

Playing experience, yrs., other clubs? Choose an item.

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

Tournament Name: Click to enter text. Date: Click to enter a date.

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Tournament Name: Click to enter text. Date: Click to enter a date.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: Click to enter a date.

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: Click to enter a date.

Club Director’s Name: Click to enter text Club Director’s Phone: Click to enter text.

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](mailto: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***