



West Side Little league Registration Fee Financial Aid Request

West Side Little league is a non-profit organization that operates by 100% volunteers. The strength of our league is found in the many parents and community members that value a quality youth organization that will benefit the children of our community. If you are interested in financial assistance for league fees, please complete this form.

Personal Information:

Players Name: _____ Date of Birth: _____

Parent or Guardian's Name: _____ Home Phone: _____

Address, City, State, Zip: _____ Cell Number: _____

Email Address: _____ Division of Play: _____

Does your child participate on any other outside teams during the WSLI season? Y / N If yes, what? _____

Has your child been approved for Registration Fee Financial aid in previous years? Y / N If yes, what year? _____

Does your family qualify for free or reduced meals at school (Please check one)

Reduced Lunch

Free Lunch

No, but there are extenuating circumstances why my child (ren) need financial assistance. Please state an explanation in the area provided here on the form:

I am requesting the following amount of aid: \$ _____

Read the statements below and initial each line certifying that you have read and understand:

_____ I understand that financial aid funds are limited and no one is entitled to financial aid

_____ I understand that financial aid is for regular season registration fees only.

_____ I understand that there is a minimum \$50.00 league registration fee

_____ I understand that I will be required to serve (2) hours of field work party/clean up for every \$25.00 granted to me in financial assistance.

_____ I understand that if I am unable to pay my initial minimum \$50 registration fee or meet my volunteer obligations, I must set up a meeting with the president and may face permanent removal from league

_____ I understand that my child(ren) will not be assigned to a team until my request is approved by the League President.

_____ I certify that above information is true and I have read and understood the statements above.

Parent/Guardian Name (Print): _____ Signature: _____ Date: _____

Please return this form to the League President during registrations or any of the following option:

Mail Address: WSLI League President, PO Box 13619 Hamilton, Ohio 45013

Scan/Email: wsljoshdavidson@gmail.com.