



Oshkosh North Baseball Inc.
2025 REGISTRATION FORM

PLAYER INFORMATION

NAME OF PLAYER: _____ DOB: _____

ADDRESS: _____ ZIP: _____

AGE OF PLAYER (as of April 2025) _____ GRADE & SCHOOL (current): _____

TEAM (circle the team played with in 2024) 9U 10U 11U 12U 13U 14U

RETURNING PLAYER: Y N IF NO-WHERE DID YOU PLAY IN 2024? _____

PARENT INFORMATION

PARENT/GUARDIAN NAME: _____ PARENT/GUARDIAN NAME: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL: _____ EMAIL: _____

Parent/Guardian interested in coaching or assisting? Y___N___

EMERGENCY CONTACT: _____ CELL PHONE: _____

EMAIL: _____ ADD CONTACT ON GAME CHANGER? Y___N___

FEES

Oshkosh North Baseball Inc. is committed to working with families to ensure an affordable program with opportunities for player development. If you are experiencing financial hardships, please contact the club. **A down payment of \$50 will be required with your registration. Registration forms are due no later than January 31, 2025.**

Early Bird Before Sept 15.	9U-12U	\$150
	13U-14U	\$175
Sept 16.-Dec 1.	9U-12U	\$175
	13U-14U	\$200
Dec 2.-Jan 31.	9U-12U	\$200
	13U-14U	\$225

Early registration encouraged.

No fees will be refunded once teams have been formed.

Checks should be made payable to Oshkosh North Baseball, Inc.

Mail registration form and payment to:

Oshkosh North Baseball, Inc., Attn. Registration, 834 Grand St., Oshkosh, WI 54901

By signing this waiver, I am granting my child permission to participate in the Oshkosh North Baseball, Inc., program and certify that my child is capable and in good health for safe participation. I understand that injuries may occur while participating in Oshkosh North Baseball, Inc. programs during practice, games, camps, open gyms and/or travel. Oshkosh North Baseball, Inc. and Oshkosh North Baseball's staff, coaches, and volunteers will not be responsible for any injuries that may occur. As the parent/legal guardian of the above-mentioned participant, I hereby waive and release all rights for damages against Oshkosh North Baseball, Inc. and Oshkosh North Baseball's staff, coaches and volunteers and accept full responsibility if my child is injured while participating. In the event of an injury or illness, I also grant permission to the respective coach to consent to needed medical attention by the nearest physician and/or hospital staff until I am able to be reached. I grant permission to Oshkosh North Baseball Inc. to use the above-mentioned participant pictures on the club social media pages.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

For Board Use Only:

Down Payment Received (date): _____

Full Payment Received (date): _____

☐ Check # _____

☐ Cash

Registration Entered: _____

2025 Team: _____