



Oshkosh North Baseball Inc.  
2026 REGISTRATION FORM

**PLAYER INFORMATION**

NAME OF PLAYER: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE OF PLAYER (as of April 2026) \_\_\_\_\_ GRADE & SCHOOL (current): \_\_\_\_\_

TEAM (circle the team played with in 2025) 8U    9U    10U    11U    12U    13U    14U

RETURNING PLAYER: Y    N    IF NO-WHERE DID YOU PLAY IN 2025? \_\_\_\_\_

**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 March 1, 2026. After March 1 a \$25 late fee will be added. Registration will only be accepted after March 1, if there are still roster openings.**

Fees Before March 1.	8U-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, 1906 Doemel 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: \_\_\_\_\_

2026 Team: \_\_\_\_\_