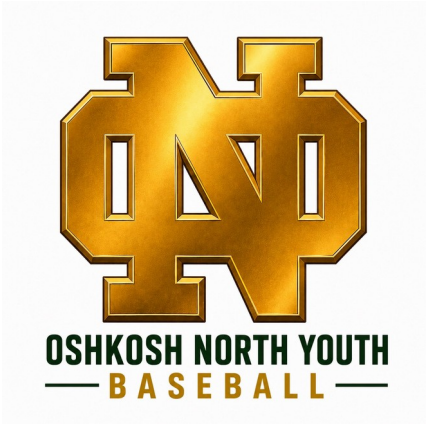

2027 Player Registration Packet

Building Character. Developing Leaders. Playing the Spartan Way.

Thank you for choosing Oshkosh North Youth Baseball (ONYB). We are committed to providing a safe, competitive, and positive baseball experience where athletes develop both on and off the field.

Please complete all sections of this registration packet. Incomplete registrations may delay player placement.

PLAYER INFORMATION

Player Name

_____

Date of Birth

_____

Age (as of April 30, 2027)

_____

Current Grade

_____

Current School

_____

Primary Position(s)

_____

Throws (R/L)

_____

Bats (R/L)

_____

PLAYER ADDRESS

Street Address

_____

City

_____

State

_____

ZIP Code

_____

PARENT / GUARDIAN INFORMATION

Parent / Guardian #1

Name

_____

Relationship

_____

Cell Phone

_____

Email

_____

GameChanger Access (Yes/No)

_____

Parent / Guardian #2

Name

_____

Relationship

_____

Cell Phone

_____

Email

_____

GameChanger Access (Yes/No)

_____

EMERGENCY CONTACT

Name

_____

Relationship

_____

Phone Number

_____

Alternate Phone

_____

EMERGENCY MEDICAL INFORMATION

Preferred Hospital

_____

Allergies

_____

For emergency use only. Please provide any additional medical information directly to the medical facility in the event of an emergency.

BASEBALL HISTORY

Returning ONYB Player (Yes/No)

_____

Organization Played For in 2026

_____

2026 Team/Age Level

_____

VOLUNTEER INTEREST

☐ Coaching ☐ Assistant Coach ☐ Team Parent ☐ Concessions ☐ Fundraising
☐ Field Maintenance ☐ Sponsorships ☐ Special Events ☐ Board Committee

REGISTRATION FEES

Registration Deadline: December 31, 2026
• 8U–12U: $200
• 13U–14U: $225

Registrations received after December 31, 2026, will be subject to a $25 late registration fee and will be accepted only if roster space and qualified coaching staff are available.

Families experiencing financial hardship are encouraged to contact the ONYB Board confidentially to discuss available payment plan options or potential financial assistance through the club's sponsorship program.

PAYMENT

☐ Online ☐ Check ☐ Cash

Check Number

_____

Amount Paid

_____

PHOTO & MEDIA RELEASE

I grant permission for ONYB to use photographs and/or video of my child for the organization's website, social media, publications, and promotional materials.

☐ Yes ☐ No

LIABILITY WAIVER & MEDICAL AUTHORIZATION

By signing below, I acknowledge the inherent risks of baseball, certify my child is physically able to participate, authorize emergency medical treatment if necessary, and release Oshkosh North Youth Baseball, its Board, coaches, and volunteers from liability except where prohibited by law. I also acknowledge receipt of the ONYB Parent & Player Agreement.

PARENT/GUARDIAN CERTIFICATION

Printed Name

_____

Signature

_____

Date

_____

BOARD USE ONLY

Registration Received

_____

Final Payment Received

_____

Player Assigned

_____

Registration Entered

_____

Approved By

_____