

BABE RUTH SIGN UP

OCONTO LITTLE LEAGUE, INC.

2024 Sign up

PLAYERS NAME: _____

PARENT (child lives with): _____ PHONE: _____

ADDRESS: _____

OTHER PARENT: _____ PHONE: _____

AGE (as of April 30, 2024): _____ DATE OF BIRTH: _____

DIVISION: Circle which age group your child will be in, using their age as of 4/30/24

13 Years Old

14 – 15 Year Old

FEES : 13- 15 year old \$50

ALL PLAYERS (OR ADULT SUBSTITUTE) WILL BE REQUIRED TO WORK AN EIGHT HOUR SHIFT AT THE OCONTO YOUTH TOURNAMENT JUNE 14-16. If a player does not work his shift they will be charged a \$50 fee. This fee must be paid before the player can continue to play. NO EXCEPTIONS will be made.

SEND LATE SIGN UP FORM AND MONEY TO:

Joe Bailey
136 Madison St.
Oconto, WI 54153
262-617-0368

Late sign ups will only be accepted if there is room on the team

RELEASE I, as the parent or guardian of the above named child, in consideration of said child's participation in the Oconto Little League program, hereby give my approval to his participation in the baseball program for the coming season. I agree to assume all risks or hazards, of any kind, incidental to the conduct of activities associated with the baseball program. I do further hereby release, absolve, hold harmless and agree to indemnify the organizers, sponsors, coaches, and supervisors of the Oconto Little League, in the case of injury. I hereby waive all claims of any kind or nature that may arise out of or are incidental to said child's participation in the baseball program, against the organizers, sponsors, and supervisors of the Oconto Little League.

Parent signature _____ Date _____