

SENIOR BABE RUTH SIGN UP

OCONTO LITTLE LEAGUE, INC.

2025 Sign up

PLAYERS NAME: _____

PHONE # : _____

PARENT (child lives with): _____

PHONE #: _____

ADDRESS: _____ AGE : _____

DATE OF BIRTH: _____

FEES : \$75

SEND LATE SIGN UP FORM AND MONEY TO:

Paul Retzlaff
351 White Oak Trl
Oconto, WI 54153
920-373-6142 pretzlaff08@gmail.com

Make check out to Oconto Little League

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

ALL PLAYERS WILL BE REQUIRED TO WORK AN EIGHT HOUR SHIFT AT THE OCONTO YOUTH TOURNAMENT. JUNE 13-15th.

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 _____