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PERMIT NO. 145

 **Oshkosh Community YMCA**
3303 West 20th Avenue, Oshkosh, WI 54904

SUMMER FUN

WINNECONNE YOUTH BASEBALL & SOFTBALL

Check out the other exciting programs the Y has to offer.
Call and ask for an Activities Guide today!



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALL-AMERICAN FUN FOR BOYS & GIRLS

WINNECONNE YOUTH BASEBALL & SOFTBALL



PLAY BALL, WINNECONNE!

MID APRIL TO MID JULY



In collaboration
with the Winneconne
Youth Diamond Club
(WYDC)

OSHKOSH COMMUNITY YMCA

BASEBALL • COED: AGES 4-6 | BOYS: AGES 8-15

7-year-old girls can choose T-Ball/Coach Pitch or 10U Softball (see below)

An instructional and fun league for boys and girls ages 4-15 that builds baseball skills, encourages teamwork, and promotes positive attitudes. Players will play games once per week and also have a practice once per week. Practice days/times will be determined by the volunteer coach. Practices will begin Mid-April (weather dependent) and games will begin May 13th with Opening Weekend. After that games will be played during the week as outlined below. League age is determined by the child's age as of April 30, 2017. Players will receive a hat and t-shirt. In the event that there are not enough teams to form a league, teams will be placed in the Oshkosh YMCA Youth Baseball League.

AGE	LEAGUE	GAMES	LOCATION	MEMBER	NON-MEMBER
4-6	T-Ball/Coach Pitch	Tuesdays	Lake Winneconne	\$40	\$50
7-8	8U Pitching Machine	Tuesdays	Marble Park	\$40	\$50
9-10	10U Player Pitch	Mondays	Marble Park	\$50	\$60
11-12	12U Player Pitch	Mondays	Marble Park	\$50	\$60
13-15	Babe Ruth	Varies	Winneconne High School*	\$50	\$60

*Away games at various locations.

SOFTBALL • GIRLS: AGES 7-12

An instructional and fun league for girls ages 7-12 that builds softball skills, encourages teamwork, and promotes positive attitudes. Players will practice and have a game once per week. Practices will begin mid April and games will begin in May. Practice day/times will be determined by the volunteer coach. In the event that there are not enough teams to form a league, teams will be placed in the Oshkosh Youth Softball League. League age is determined by the child's age prior to January 1, 2017. Players will receive a visor and a t-shirt.

AGE	LEAGUE	GAMES	LOCATION	MEMBER	NON-MEMBER
7-10	10U Softball	Mondays	Marble Park	\$50	\$60
11-12	12U Softball	Tuesdays	Marble Park	\$50	\$60

PARENT INFORMATION MEETING:

Tuesday, January 24 • Winneconne Middle School 6 p.m.

FOR MORE INFORMATION, please contact Travis Shufelt
920-230-8439 ext. 114 or travissshufelt@oshkoshymca.org

REGISTRATION FORM:**WINNECONNE YOUTH BASEBALL & SOFTBALL**

2017 SEASON MID APRIL-MID JULY Registration deadline: 3/12/17

☐ Y MEMBER ☐ NON-MEMBER

New! Register Online:
www.oshkoshymca.org

PARTICIPANT NAME (first & last)

LEAGUE (please note league, age and day)

Shirt size (circle one) **YOUTH** S / M / L **ADULT** S / M / L / XL

☐ BOY ☐ GIRL

School Grade Birthdate/Age

Address City ZIP

Cell phone email address

A valid email is required and will be used for team communication purposes.

Coach preference (if any) Player request (if any)

FEE: T-Ball and Pitching Machine \$40/member • 50/Non-Member
Softball, Player Pitch, & Babe Ruth \$50/member • \$60/Non-Member

☐ I am interested in coaching baseball this year. Please call or email me at:

☐ I am interested in becoming a league sponsor. Please call or email me at:

Name / Phone / e-mail

I do ___ / do not ___ give permission to the Oshkosh Community YMCA to use video or photographs of my child in promotional materials.

AGREEMENT: 1) I hereby certify that my child is in good health and capable of safe participation in YMCA Youth Sports. I hereby authorize the Oshkosh Community YMCA, its staff and volunteers, to obtain medical treatment for my child in the event that parents cannot be reached. 2) I hereby waive and release any and all rights for damages I may have against the Oshkosh YMCA, its staff or volunteers for any and all injuries suffered during participation in YMCA activities.

PARENT SIGNATURE

DATE

☐ Completed concussion documents.

PARENT - PRINT NAME

Emergency Contact / Phone