Make Checks Payable to: Oakland Ball Association

Return Forms to: Gus Ray 110 N Engdahl Ave

 Oakland, NE 68045

 402-639-9974

 gray@dfsfin.com

Please Circle Division: Didget (10&under) Bronco (12&under)

Team Name: Coach:

Mailing Address:

Phone #: Cell #:

Email Address:

Player # Player Name DOB

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I hereby authorize the Oakland Ball Association to act for me according to their best judgment in any emergency requiring medical attention. The players, players’ parents, coaches and I hereby waive and release the Oakland Ball Association and tournament officials from any and all liability for injuries, illnesses or lost items incurred at the tournament.

Coaches Signature: Date:

(The coach’s signature represents all coaches, players, player parents and he agrees to inform all and agrees to the above terms.)