Mail To:
Ohio Youth Basketball
P.O. Box 865
Lancaster, OH 43130

Ohio Youth Basketball
Boys Entry Form

Tournament Name _____

Phone
740-808-0380
ohioyouthbasketball.com

Team Name _____ Grade 3rd 4th 5th 6th 7th 8th 9th 10/11th

Players Name	Grade	Address	City/State/Zip	Birthdate	School Attending

I hereby certify that all information above is correct and in consideration of participating in this or any Ohio Youth Basketball event, that I assume full responsibility for all players listed above and that I have in my possession signed papers from each parent/guardian that states that they agree not to hold responsible Ohio Youth Basketball, its members, coaches, servants or employees on account of any injury or other loss or damage suffered as a result of the player participating in this or any Ohio Youth Basketball event, including but not limited to games, practices or travel to and from these activities. I also acknowledge that I have completed the Ohio Department of Health online training program in recognizing and evaluating concussions. I also acknowledge that I have provided to each parent or guardian of the player the concussion and head injury information sheet created by the Ohio Department of Health.

Signature_____ Date_____

Coach'sName_____

Address _____

City, State, Zip Code _____

Cell Phone _____

E - Mail _____