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

Ohio Youth Basketball
Boys Entry Form

Tournament Name _____

Entry Deadline
Sunday Before
Tournament Starts

Team Name _____

Grade	2nd	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 _____
Cell Number To Be Reached At Tournament

E - Mail _____

Phone 740-808-0380 ******www.ohioyouthbasketball.com