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

Ohio Youth Basketball Boys Entry Form

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					
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									-				
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I hereby certify that all information above is correct and in consideration participating in this or any Ohio Youth Basketball event, that I assume full sponsibility for all players listed above and that I have in my possession signed participating and that states that they agree not to hold responsible (Youth Basketball, its members, coaches, servants or employees on account of injury or other loss or damage suffered as a result of the player participating in the any Ohio Youth Basketball event, including but not limited to games, practice travel to and from these activities. I also acknowledge that I have completed the Obepartment of Health online training program in recognizing and evalual concussions. I also acknowledge that I have provided to each parent or guardia the player the concussion and head injury information sheet created by the Obepartment of Health.			ne full re- ned papers sible Ohio unt of any g in this or ractices or sd the Ohio evaluating guardian of y the Ohio	Add City. Cell	Coach'sName								
Signature		Date_		$ogr begin{purple} ogr b \\ ogr Ph \end{bmatrix}$	one 74	40-808-	0380	*******	WW.	ohioyout	 hbasket	ball.com	