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

Ohio Youth Basketball
Winter Boys Entry Form
Shoot Out Name _____

Entry Deadline
Sunday Before
Tournament Starts

Team Name _____ _____ Grade 3rd 4th 5th 6th Division 1 Division 2-3-4 Open

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 and 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. I also have signed Special Covid 19 forms from each parent stating they know the risks involved in paricipating in youth sports.

Signature_____ Date_____

Coach's Name _____

Address _____

City, State, Zip Code _____

Cell Phone _____

E - Mail _____