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

# 30th Annual Hilliard Optimist Rec League Invitational Girls Entry Form

**Entry Deadline**
**February 15, 2010**

Team Name _____ Grade 3rd Rec 4th Rec 5th Rec 6th Rec

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

Signature _____ Date _____

Coach's Name _____

Address _____

City, State, Zip Code _____

Phone _____ Fax _____

E - Mail _____