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

Ohio Youth Basketball

Boys Entry Form Girls

Tournament Name _____

Entry Deadline Is Sunday Before Tournament Starts

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

Signature _____Date_____

Coach's Name _____

Address _____

City, State, Zip Code _____

Phone _____ Fax _____

E - Mail _____