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

Ohio Youth Basketball
School Team State Championship
Boys Entry Form

Entry Deadline
February 19,2012

Team Name _____ Grade 3rd 4th 5th 6th Boys School District _____ DIV I II III-IV 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 re-sponsibility 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 respon-sible 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'sName_____

Address _____

City, State, Zip Code _____

Cell Phone _____

E - Mail _____