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

Ohio Youth Basketball
Winter Boys Entry Form

Tournament Name _____

Entry Deadline
Sunday Before
Tournament Starts

Team Name _____ | Grade 3rd 4th 5th 6th | Boys School/Community Representng _____

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 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 _____

Cell Phone _____

E - Mail _____