Scan & Email to:
Anthony@OhioYouthBasketball.com
OR Mail to
8183 Rochester Way,
Westerville, OH 43081

2026-2027 ROSTER

ROSTER DEADLINE SAME AS REGISTRATION DEADLINE OF EVENT

GENDER:	SCHOOL DISTRICT:	GRADE:

Player's Name:	GRADE:	Address:	City/State/Zip:	D.O.B.:	School Attending:

I hereby certify that all information above is correct and in consideration of participating in this or any Ohio Youth Basketball (OYB) event, that I assume full responsibility for all players listed above and that I have in my possession signed waivers 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 OYB 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.

Coach's Name:

Signature:

Phone Number:

Email:

Address: