

Circle One: 3rd Grade 4th Grade 5th Grade 6th Grade

Age Group_____ Gender_____ TEAM NAME_____ School or Non School Team
There will be no additions to entry form after the start of your first game. There can only be a maximum of 15 athletes per team. (Must be filled in above, to qualify)

| List Players in Alphabetical Order Last Name First | Grade | Jersey # | Complete Address | School | Parent Signature |
|---|-------|----------|------------------|--------|------------------|
| 1 | | | | | |
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| 15 | | | | | |

*Must List Two Adult (18 or Over) Coaches Per Team In signing this document, I verify that as an athlete/coach and that in consideration of your accepting my entry, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against CENTRAL OHIO BASKETBALL, THE LEAGUE ORGANIZATION, the owner/lessor/operators of the facilities, and their representatives for any and all injuries or losses suffered by me at said games.

*Signature of Head Coach

Print Name of Head Coach

Print Address, City, State, Zip

Home Phone _____ Cell _____

Work Phone _____ Email _____

Signature of Assistant Coach

Print Name of Assistant Coach

Print Address, City, State, Zip

Home Phone _____ Cell _____

Work Phone _____ Email _____