

# WWW.OHIOBASKETBALL.COM TOURNAMENT REGISTRATION FORM

**Team Name:** \_\_\_\_\_ **Grade/Division:** \_\_\_\_\_ **Boys or Girls (circle one)**

**Tournament Date:** \_\_\_\_\_ **Tournament Location:** \_\_\_\_\_

**PLEASE SEND THIS FORM AND CHECK TO:**  
**TFN Camps & Clinics, Inc.**  
 7515 Pearl Rd., Suite 207  
 Middleburg Hts., OH 44130  
 (440) 826-3652

**Head Coach:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I hereby certify that all information above is correct and in all consideration of participating in this or any TFN Camps & Clinics, Inc. event that I assume full responsibility for all players listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible TFN Camps & Clinics, Inc., its members, coaches, or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any TFN Camps & Clinics, Inc. event, including but not limited to games practices or travel to and from these activities.

**Coach's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PLEASE PRINT ALL PLAYER INFORMATION

#	Jersey #	Name	Grade	Address	City/State	Zip	Birth Date
1							
2							
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