

www.ohiobasketball.com REGISTRATION FORM

Team Name: _____ Grade/Division: _____ BOYS or GIRLS (circle one)

Tournament: _____

PLEASE SEND THIS FORM
AND CHECK TO:
TFN Camps & Clinics, Inc.
7515 Pearl Rd Suite 204
Middleburg Hts., Ohio 44130
(440) 826-3652

Head Coach: _____ Phone: _____ FAX: _____

Coaches 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 and 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 and clinics., 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 and Clinics event including but not limited to games, practices or travel to and from these activities.

Coach's Signature _____ Date _____

PLEASE PRINT ALL INFORMATION

	JERSEY #	NAME	GRADE	EMAIL ADDRESS (email is our main form of communication)	Home Address, City, State	CONTACT PHONE #	BIRTH DATE
1							
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