

## WWW.OHIOBASKETBALL.COM TOURNAMENT REGISTRATION FORM

Team Name: \_\_\_\_\_ Grade/Division: \_\_\_\_\_ GIRLS

Tournament Date: **July 9-11, 2010**

Tournament Location: **Run For The Roses, Lexington, KY**

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

Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ 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 INFORMATION**

	JERSEY #	NAME	GRADE	ADDRESS	CITY/STATE	ZIP	BIRTH DATE
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