



WWW.OHIOBASKETBALL.COM TOURNAMENT REGISTRATION FORM

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

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

Tournament Date: May 27-29, 2011 **Tournament Location:** Wildcat Memorial Showdown, Lexington, KY

Head Coach: _____ **Phone:** _____ **FAX:** _____ **Email:** _____

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
1							
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