

## **2010 COBA Summer League**

**All Games will be played at the Ultimate Sports Center in Grandview.**

**Info:**

### **Elementary and Middle School Summer Leagues**

*League info:* 2 games per night for 6 weeks, then double elimination tournament weeks 7 and 8. Play begins the week of June 14th and ends the week of August 4th. Cost is \$50 Per Player (Includes Jersey)

**8th Grade League-Wednesday Nights 6-10pm, Starting June 16th**

**7<sup>th</sup>Grade League- Monday Nights 6-10pm, Starting June 14th**

**5/6th Grade League- Thursday Nights 6-10pm, Starting June 17th**

**4/5th Grade League- Friday Nights 6-10pm, Starting June 18<sup>th</sup>**

**Contact:**

**[\\_info@centralohiobasketball.com](mailto:info@centralohiobasketball.com)**

**Sharon Cole Cell-740-272-7686**

**Ultimate Sports Center:**

**Steven Hinds (614) 792-3836 Cell: (614) 361-3315**

# COBA Summer League 2010

centralohiobasketball.com

## Individual Players: \$50 (Includes Reversible Jersey)

Please circle appropriate league participation: Girls: 3-4, 5-6, 7-8, Boys: 3-4, 5-6, 7-8

Jersey Size (Please circle one): Adult: Small Medium Large X-Large Child: Small Medium Large

Player's Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

Years of organized basketball 1 2 3 4 5

Parents/Guardians Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Volunteer Coach:        yes        or        no

Email \_\_\_\_\_

**Make Checks Payable to: COBA Check #: \_\_\_\_\_ \$50**

**Mail to:**

**COBA**

**5907 S Section Line Rd**

**Delaware, Ohio 43015**

**Each Member of a Team must have the following release signed and turned in**

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### ACKNOWLEDGMENT & RELEASE

Central Ohio Basketball hereafter referred to COBA, I understand and acknowledge that any participant in the league who does not abide by the rules and regulations promulgated by COBA is subject to dismissal from the league without reimbursement or recourse. I hereby release and discharge COBA, it's staff, officers, employees, agents and affiliated entities, from any and all liability or causes of action arising out of, or in connection with, the dismissal of my child from the league for violation of any rules and regulations promulgated by COBA.

LIABILITY WAIVER & RELEASE I hereby release and discharge COBA, its staff, officers, employees, agents, and affiliated entities, from any and all liability or causes of action rising out of, or in connection with, my child's participation in the league, including but not limited to any and all liability or causes of action arising out of, or in connection with any negligence of, or any acts or omissions of, COBA, its staff, officers, employees, agents, and affiliated entities.

I hereby authorize COBA and its staff to act on behalf of my child according to its best judgment in any emergency requiring medical attention, including in relation to obtaining any medical or hospital treatment. I hereby release and discharge COBA, its staff, officers, employees, agents, and affiliated entities, from any and all liability or causes of action arising out of, or in connection with, any such actions by COBA in any emergency requiring medical attention, including but not limited to any an all liability or causes of action arising out of, or in connection with, any negligence of, or any acts or omissions of, COBA, its staff, officers, employees, agents, and affiliated entities.

I have read and reviewed this REGISTRATION FORM, including the ACKNOWLEDGMENT AND RELEASE and the LIABILITY WAIVER AND RELEASE and I have had the opportunity to ask any questions that I might have regarding the same. I expressly agree to the terms and provisions of this REGISTRATION FORM, including the ACKNOWLEDGMENT AND RELEASE and the LIABILITY WAIVER AND RELEASE above.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date

For Office Use Only

Date Rec'd: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_