

Scan & Email to:  
 Anthony@CentralOhioBasketball.com  
 OR Mail to  
 8183 Rochester Way,  
 Westerville, OH 43081

# CENTRAL OHIO BASKETBALL ASSOCIATION 2024-2025 ROSTER



**ROSTER DEADLINE:  
 NOVEMBER 10, 2024**

GENDER:	SCHOOL DISTRICT:	GRADE:
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Player's Name:	GRADE:	Address:	City/State/Zip:	D.O.B.:	School Attending:

I hereby certify that all information above is correct and in consideration of participating in this or any Central Ohio Basketball Association (COBA) event, that I assume full responsibility for all players listed above and that I have in my possession signed waivers from each parent/guardian that states that they agree not to hold responsible Central Ohio Basketball Association, its members, coaches, servants or employees on account of any injury or other loss or damage suffered as a result of the player participating in this or any COBA event, including but not limited to games, practices or travel to and from these activities. I also acknowledge that I have completed the Ohio Department of Health online training program in recognizing and evaluating concussions and that I have provided to each parent or guardian of the player the concussion and head injury information sheet created by the Ohio Department of Health.

<b>Coach's Name:</b>
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<b>Signature:</b>
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**SCORE REPORTING FORM  
 QR CODE**

