



SCHOOL DISTRICT/SYSTEM CONFIRMATION DOCUMENT

This document must be filled out and returned NO LATER THAN THE SECOND MONDAY OF NOVEMBER!

THIS DOCUMENT MUST BE COMPLETED BY ONE OF THE FOLLOWING:

*ELEMENTARY SCHOOL OR MIDDLE SCHOOL OR HIGH SCHOOL PRINCIPAL
ATHLETIC DIRECTOR
VARSITY COACH*

PLEASE IDENTIFY YOURSELF

☐ Principal ☐ Athletic Director ☐ Varsity Coach NAME: _____

SCHOOL: _____

SIGNATURE: _____ DATE ____/____/____

As the identified individual in the above box, I have been asked to review the list of student athletes (BELOW) participating in the 2026-2027 Central Ohio Basketball Association Winter Youth League in order to verify that ALL STUDENTS LISTED are ENROLLED AND CURRENTLY IN ATTENDANCE IN THE SCHOOL DISTRICT/SCHOOL IDENTIFIED IN THE BOX ABOVE.

I have done so, and certify that the students listed reflects accurate information.

If questions arise, please feel free to contact me by:

PHONE - _____

EMAIL - _____

DURING REGULAR SCHOOL HOURS.

The Following To Be Filled Out By Team Coach:

NAME: _____ GRADE OF TEAM: _____

Please list players from the School District/System Represented to be signed off on.

Your co-operation is appreciated.

List of Players Attending This School District/System:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SCAN AND RETURN TO Anthony@CentralOhioBasketball.com

OR

Mail to:

8183 Rochester Way,
Westerville, OH 43081