STUDENT ATHLETE SCHOOL DISTRICT EXCEPTION DOCUMENT

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

THIS DOCUMENT MUST BE COMPLETED BY BOTH OF THE FOLLOWING:

- ***HEAD COACH OF TEAM***
- ***PROGRAM ADMIN***

SCHOOL: _____ **GRADE:** _____ **GENDER:** _____

COACH NAME: _____ **SIGNATURE:** _____

ADMIN NAME: _____ **SIGNATURE:** _____

DATE ___/___/___

This Document is for student's NOT currently enrolled in the same school district/system, but would like to qualify for an exception. These exceptions will be reviewed by COBA on a case-by-case basis.

SCHOOL-BASED TEAMS ONLY!

PLEASE FILL OUT THE ENTIRETY OF THIS DOCUMENT BEFORE RETURNING IT TO COBA.

NAME OF STUDENT ATHLETE: _____

ADDRESS: _____

_____

DOB: _____

REASON FOR EXCEPTION: _____

_____

_____

NAME OF STUDENT ATHLETE: _____

ADDRESS: _____

_____

DOB: _____

REASON FOR EXCEPTION: _____

_____

_____

SCAN AND RETURN TO Anthony@CentralOhioBasketball.com
OR
Mail to:
8183 Rochester Way,
Westerville, OH 43081