

(Return this portion with Entry Fee)

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administers, waive and release the Centerburg High School, Centerburg Local Schools, the Ohio Athletic Committee and its officers, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

Name	_Phone ()School/Club	
Address	City	ZIP
Division Grade Age	Birth Date//	
Signature of Athlete		Date//
Signature of Parent/Guardian		Date//

\*To be filled out at Weigh in: Official weight: \_\_\_\_\_Division: \_\_\_\_\_Weight class: \_\_\_\_\_