

ORANGE COAST SPORTS ASSOCIATION

Team Name:				Division:			
Coach:				Asst. Coach:			
Address:				Address:			
E-mail Address:				E-mail Address:			
BEST # TO REACH YOU AT: ()				BEST # TO REACH YOU AT: ()			
2 ND CHOICE: ()				2 ND CHOICE: ()			
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		Name (numerical order)	Jersey No.	Phone No.	T-shirt size	Player's Age	Basketball Experience (College, HS-Var, HS-JV)
1	New				M L XL XXL		
2	New				M L XL XXL		
3	New				M L XL XXL		
4	New				M L XL XXL		
5	New				M L XL XXL		
6	New				M L XL XXL		
7	New				M L XL XXL		
8	New				M L XL XXL		
9	New				M L XL XXL		
10	New				M L XL XXL		
11	New				M L XL XXL		
12	New				M L XL XXL		
13	New				M L XL XXL		
14	New				M L XL XXL		
15	New				M L XL XXL		
My team,, releases the ORANGE COAST SPORTS ASSOCIATION & ORANGE COAST OPTIMIST from all responsibilities for injuries of any nature incurred while participating in any OCSA OR OCO activities. We understand that medical insurance is our own responsibility.							
Signature:				<u>-</u>	Date:		
Title:				<u>-</u>			