

	Team registration deadline: First week of games: Game days: Team registration fee:	Saturday, December 14, 20 January 4, 2025 Saturday mornings \$295.00)24
Name of Tea	m:		
Coach (must	be 21+):	Phone: (h)	(w)
Address:		Zip:	
E-Mail Addre	ess:		
Assistant Coa	ach (must be 21+):	Phone: (h)	(w)
E-Mail Addre	ess:		
	City of C/O M P.O	at the Civic Center or mailed to: Oak Ridge latt Reece . Box 1 ge, TN 37931	
	A complete registra	ation packet includes:	
• Roster form signed by a parent/guardian (unless player is 18)			
• Cardiac Arrest awareness forms signed by a parent/guardian (unless player is 18)			
• Concussion awareness forms signed by a parent/guardian (unless player is 18)			
All above documents signed by Coaches			
 Coaches Heads Up Training certificate (https://www.train.org/cdctrain/course/1089818/) Registration Form 			
	8	registration fee	
	For additional questions, pl	ease contact: mreece@oakridgetn.g	OV
	TO BE COMPLETED BY REC	CREATION & PARKS STAFF	
Date paid:		Received by:	

Please deposit in the corresponding account: Youth Basketball 11.2666