

	Team registration deadline: First week of games: Game days: Team registration fee:	Saturday, December 14, 2 January 4, 2025 Saturday mornings \$235.00	024
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:		
	Checks may be dropped off a City of C/O M P.O	: <b>City of Oak Ridge.</b> at the Civic Center or mailed to: Oak Ridge 1att Reece ). Box 1 ge, TN 37931	
	- 0	ation packet includes:	
<ul> <li>Roster form signed by a parent/guardian (unless player is 18)</li> <li>Cardiac Arrest awareness forms signed by a parent/guardian (unless player is 18)</li> </ul>			
		ned by a parent/guardian (unless plated by a parent/guardian (unless plated by a parent/guardian (unless plated	. ,
	_	aments signed by Coaches	<i>ye</i> <sup>1</sup> <i>i</i> , <i>i</i> , <i>j</i> , <i>i</i> , <i>j</i>
• (	Coaches Heads Up Training certificate (1 • Reg	https://www.train.org/cdctrain/co gistration Form	ourse/1089818/)
	• Total	l registration fee	
	For additional questions, pl	lease contact: mreece@oakridgetn.§	gov
	TO BE COMPLETED BY REC	CREATION & PARKS STAFF	
Date paid:	e paid: Received by:		

Please deposit in the corresponding account: Youth Basketball 1 1.2666