School Name:	_				
Team Roster: ☐Basketball ☐ (
☐ PEP ☐ Boys JV ☐ Boys Vars	sity 🗆 Girls JV 🗖 Girls Va	rsity			
Player Name Last, First	Uniform Number	Grade	Age at end of school Year	Medical Release Received	Picture Release
Lust, First	Hamber	Grade	Jenoor rear	-	
Coaches Name	Phone Number	Email			
Principal's Attestation: I have review the current Physical as needed.	red the above information an	l id confirm i	t is accurate and w	e have red	ceived
NAME AND SIGNATURE OF PRINCIPAL				E	

Email completed form to OCPSL.sports@gmail.com