

OHSAA PRESEASON VIDEO FORM

Parent Name (s) _____

Address _____

Athlete(s) Name(s) _____

Grade of athlete(s) _____

Sports Participating in this season:

I have met the OHSAA By-Law requirements by viewing the OHSAA Preseason Video on line.

Signature

Date

Please return this form to:

Cincinnati Christian Schools
7474 Morris Road
Fairfield, OH 45011
Attn. Athletic Department

Thank you.