



# AAU/Travel Basketball Registration Form

Spring, 2017

[www.ohiosportsplus.com](http://www.ohiosportsplus.com) or (614) 235-3606

Player Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please Circle the Gender and the Grade Level Player is interested in playing and indicate the tryout date:**

**Circle: Girl or Boy**

**Circle Grade: 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup>**

**Circle Jersey Size (Circle one);**

**Adult: Small Medium Large X-Large**

**Youth: Small**

**Medium Large**

**Tryout Date:** \_\_\_\_\_

Basketball Experience (e.g., played High School JV, intramurals, Junior High Varsity, etc.): \_\_\_\_\_

Position would like to play (e.g., point guard, post, 3, etc.): \_\_\_\_\_

Please make checks payable to "Ohio Sports Plus"

Check No: \_\_\_\_\_ Amount: **\$10**

**Mail to: Ohio Sports Plus  
853 S. Enfield Road  
Columbus, OH 43209**

**Can mail in app or bring to tryouts**

**ACKNOWLEDGMENT AND RELEASE**

Ohio Sports Plus Training Academy hereafter referred to as Ohio Sports Plus, I understand and acknowledge that any participant in the event who does not abide by the rules and regulations promulgated by OHIO SPORTS PLUS is subject to dismissal from the event without reimbursement or recourse. I hereby release and discharge OHIO SPORTS PLUS, its staff, officers, employees, agents, and affiliated entities from any and all liability or causes of action arising out of, or in connection with, the dismissal of my child from the event for violation of any rules and regulations promulgated by OHIO SPORTS PLUS.

**LIABILITY WAIVER AND RELEASE**

I hereby release and discharge OHIO SPORTS PLUS, its staff, officers, employees, agents, and affiliated entities from any and all liability or causes of action arising out of, or in connection with, my child's participation in the program, including, but not limited to any and all liability or causes of action arising out of, or in connection with any negligence of, or any acts or omissions of, OHIO SPORTS PLUS, its staff, officers, employees, agents, and affiliated entities.

I hereby authorize OHIO SPORTS PLUS and its staff to act on behalf of my child according to its best judgment in any emergency requiring medical attention including in relation to obtaining any medical or hospital treatment.

I hereby release and discharge OHIO SPORTS PLUS, its staff, officers, employees, agents, and affiliated entities, from and all liability or causes of action arising out of, or in connection with, any such actions by OHIO SPORTS PLUS in any emergency requiring medical attention, including but not limited to any and all liability or causes of action arising out of, or in connection with, any negligence of, or any acts of omissions of, OHIO SPORTS PLUS, its staff, officers, employees, agents, and affiliated entities.

I have read and reviewed this REGISTRATION FORM, including the ACKNOWLEDGMENT AND RELEASE and the LIABILITY WAIVER AND RELEASE and I have had the opportunity to ask any questions that I might have regarding the same. I expressly agree to the terms and provisions of this REGISTRATION FORM, including the ACKNOWLEDGMENT AND RELEASE and the LIABILITY WAIVER AND RELEASE above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

For Office Use Only:

Date Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount Pd: \_\_\_\_\_

Try-out #: \_\_\_\_\_