



Boys and Girls Fall Basketball League

September 10, 2017 - October 22, 2017

www.ohiosportsplus.com or (614)235-3606

- Why:** Provides good competition without the travel!
- What:** Individuals only (No teams) for girls and boys in grades 3 through 12 (Grade entering 2017) Friend requests will try to be honored but not guaranteed.
- When:** Sundays, September 10, 2017 – October 22, 2017
Game Times* will be posted on the website Friday, September 8th.
*Games will start at noon beginning w/ grades 3 & 4, with remaining games scheduled by age group (older playing later). Times will be finalized as the leagues are formed. **NO PHONE CALLS** will be made, so please check the website for updates on September 8th.
- Where:** Thomas Worthington High School
300 W. Granville Rd.
Worthington, OH 43085
- Cost:** \$90 per player (jerseys provided)
- Applications Due:** **Tuesday, September 5th, 2017** (postmarked by this date)
Please make checks payable to **“Ohio Sports Plus”**

Send checks to:
Ohio Sports Plus
c/o Toni Roesch
853 S. Enfield Road
Columbus, OH 43209

Application provided on the next page



Boys and Girls Fall Basketball League

Application (due/postmarked by Tuesday, September 5, 2017)

Individual Players:

Please circle the appropriate league participation: (Grade entering fall) Girls: 3-4, 5-6, 7-8, HS Boys: 3-4, 5-6, 7-8, HS

Jersey Size (please circle one): Child: Large Adult: Small Medium Large XL XXL

Player's Name _____ Phone Number (____) _____

Parents/Guardians Name _____ Current Grade _____ Current School _____

Highest level of organized basketball (Please list in appropriate area) Girls: _____ Boys: _____

Address _____ City _____ State _____ Zip _____

Email _____ Volunteer Coach: YES or NO

Check # _____ \$90

Individuals must sign and submit the following release

ACKNOWLEDGEMENT & RELEASE

Ohio Sports Plus Training Academy hereafter referred to as Ohio Sports Plus; I understand and acknowledge that any participant in the league who does not abide by the rules and regulations promulgated by OHIO SPORTS PLUS is subject to dismissal from the league 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 league for violation of any rules and regulations promulgated by OHIO SPORTS PLUS.

LIABILITY WAIVER & 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 rising out of, or in connection with, my child's participation in the league, 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 any 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 or 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's Signature

Date

For Office Use Only

Date Rec'd: _____

Amount: _____

Check #: _____