



# AAU/Travel Spring Basketball Registration Form

Spring 2018

Parent Information					
Name(s)					
E-mail(s)					
Primary Phone			Secondary Phone		
Address					
City			State	Zip Code	
Player Information					
Name				Tryout Date	
Date of Birth		Gender			
Current Grade		Current School			
Basketball Experience (played High School JV, Intramurals, Junior High, etc.):					
Position would like to play (e.g., point guard, post, 3, etc.)					
Equipment Sizing – Adult Small, Adult Medium, Adult Large, Adult XL, Youth Small, Youth Medium, Youth Large					
Jersey Size		Short Size		Shooting Shirt Size	
Preferred Jersey Numbers (List 3)					

Please make checks payable to "Ohio Sports Plus"

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

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

Date \_\_\_\_\_

For Office Use Only: Date Rec'd: _____ Check #: _____ Amount Pd: _____ Try-out #: _____ Version: January 5, 2018
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Website: [www.ohiosportsplus.com](http://www.ohiosportsplus.com)

Phone: 614-235-3606

Twitter: [@OhioSportsPlus](https://twitter.com/OhioSportsPlus)

Facebook: [@OhioSportsPlus](https://www.facebook.com/OhioSportsPlus)