



Who can tryout: Boys 4th – 11th Grade
 Girls 4th – 11th Grade (U10-U17)

Tryout Location: Ohio Sports Plus Training Facility
 4140 Tuller Road, Suite 118
 Dublin, OH 43016

Girls' Tryout Schedule

(NOTE: Each player only needs to attend a single session unless otherwise notified)

Friday, February 24th		Sunday, February 26th	
5:30 - 7:00 p.m.	4 th , 5 th & 6 th grade girls	12:00 – 2:00 p.m.	9 th – 11 th grade girls
7:00 – 8:30 p.m.	7 th & 8 th grade girls		
Saturday, February 25 th		Sunday, March 5th	
12:00 – 2:00 p.m.	4 th , 5 th & 6 th grade girls	12:00 – 2:00 p.m.	9 th – 11 th grade girls
2:00 – 4:00 p.m.	7 th & 8 th grade girls		

Boys' Tryout Schedule

(NOTE: Each player only needs to attend a single session unless otherwise notified)

		Sunday, February 26th	
		2:00 – 4:00 p.m.	4 th & 5 th grade boys
Saturday, March 4th		Sunday, March 5th	
12:00 – 1:30 p.m.	4 th & 5 th grade boys	2:00 – 4:00 p.m.	9 th grade boys
1:30 – 3:30 p.m.	6 th grade boys	4:00 – 6:00 p.m.	10 th & 11 th grade boys
3:30 – 5:30 p.m.	7 th grade boys		
5:30 – 7:30 p.m.	8 th grade boys		
Saturday, March 11th		Sunday, March 12th	
12:00 – 2:00 p.m.	6 th grade boys	12:00 – 2:00 p.m.	9 th grade boys
2:00 – 4:00 p.m.	7 th grade boys	2:00 – 4:00 p.m.	10 th & 11 th grade boys
4:00 – 6:00 p.m.	8 th grade boys		

Cost: \$425 when make team / **\$10** tryout fee due with application

Includes: **6 tournaments, Reversible uniform, Shooting shirt, Twice a week practices**

For more information contact Ohio Sports Plus, (614) 235-3606, basketball@ohiosportsplus.com



AAU/Travel Basketball Registration Form

Spring, 2017

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: 4th 5th 6th 7th 8th 9th 10th 11th

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 #: _____