**Boys and Girls**

**Basketball Summer League**

 *June 12, 2018 – July 17th, 2018*

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

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| Why: | Provides good competition without the travel! |
| What: | Teams or individuals in grades 3 through 12 (Grade entering 2018) |
| When: | Tuesdays, June 12, 2018 to July 17th, 2018Game times\* will be posted on the website Friday, June 8th, 2018*\*Times will be 5:30 pm or later, but will be finalized as the leagues are formed.*  |
| Where: | Thomas Worthington High School300 W. Granville Rd.Worthington, OH 43085 |
| Cost: | $70 per player (**jerseys provided)** or $500 per team (**NO jerseys provided**) |
| Applications Due: | **Monday, June 4th, 2018** (postmarked by this date) Please make checks payable to “**Ohio Sports Plus**”Send checks to:Ohio Sports Plusc/o Toni Roesch853 S. Enfield RoadColumbus, OH 43209 |

**Application provided on the next page**

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**Basketball Summer League**

*Application (due/postmarked by* **Monday, June 4th, 2018)**

**Individual Players:**

Please circle the appropriate league participation: Grade entering ‘18 Girls: 3-4, 5-6, 7-8, High School Boys: 3-4, 5-6, 7-8, HS

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

Player’s Name Phone Number ( ) \_\_\_\_\_\_

Parents/Guardians Name Grade Entering School \_\_\_\_\_\_\_

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

Address City State Zip

Email Volunteer Coach: YES or NO

**Check # $70**

**Teams: (Please attach a Team Roster, as provided on the next page)**

Coach’s Name Phone Number ( ) **Check #:**  **$500**

Address City State Zip

Email

Team Grade Level(s) (Please list the grade levels the players are entering):

Team Name: (Please attach the roster)

Coaches Must Sign Release form Representing Each Member of the Team and Are Acknowledging Terms of the 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.

For Office Use Only

Date Rec’d:

Amount:

Check #:

Parent’s Signature Date

**Team Roster**

(Please attach to the Team Application)

Phone # and e-mail address are needed in case a change needs to be made. This ensures all individuals are notified.

Please make sure this information is provided.

Thank you!

Coach: Phone: E-mail:

Team Name:

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| **Player Name** |  **Grade Entering** | **Phone Number** | **e-mail address** |
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