



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

# Skills & Development Series Boys and Girls *Spring, 2017*

**Who can participate:** Boys Grade 5 – 8  
Girls Grade 5 – 8

**Locations:** Ohio Sports Plus Training Facility  
4140 Tuller Road, Suite 118  
Dublin, OH 43016

## **Program Details** (March 29– May 17)

- Includes (75 minute) group training sessions on Wednesday evenings that focus on individual skills; 5/6<sup>th</sup> grade will be at 6pm and 7/8<sup>th</sup> at 7:15.
- Participation in the **Ohio Sports Plus** Spring basketball league consisting of **6** games on Monday nights through April and May. This opportunity allows players to perform in officiated game under the guidance of a head coach.
- Kids are encourage to bring own basketballs

## **Program Goals**

While not making a school or Travel team is certainly a disappointment, it should not define the individual as a basketball player. Players grow and develop at different times throughout their “careers” and no one can measure a player’s heart, determination and work ethic to improve. Others are not yet committed to just one sport and thus do not have the time to participate on a Travel team. This Instructional series has been created for these types of situations and allows individuals who take a little disappointment and/or lack of time and turn it into a positive experience for future achievements.

**Ohio Sports Plus** has created a program for continued learning and playing time with weekly training by coaches and weekly games.

## **Program Leaders**

The Program will be led by Rondrea McCruter league coordinator

**Cost: \$250**

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



# Skills & Development Series Registration Form

Spring, 2017

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ grade level \_\_\_\_\_ School : \_\_\_\_\_

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

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

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

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

**Please Circle the Gender and the Grade grouping Player is interested in playing**

**Circle: Girl or Boy**

**Circle Grade: 5/ 6<sup>th</sup> - 7/8<sup>th</sup>**

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

Please make checks payable to "Ohio Sports Plus"

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

Check No: \_\_\_\_\_ Amount: **\$250**

**Form and Check due Friday, March 25th (postmarked)**

**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 rising 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 #: _____