



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

# Boys and Girls Basketball Spring League

*April 17, 2017 – May 22, 2017*

- Why: Provides good competition without the travel!
- What: Teams or individuals in grades 3 through 12
- When: Mondays, April 17, 2017 to May 22, 2017  
Game times\* will be posted on the website Friday, April 14, 2017  
There are no practices with this league  
*\*Times will be 5:30 pm or later, but will be finalized as the leagues are formed.*
- Where: Thomas Worthington High School  
300 W. Granville Rd.  
Worthington, OH 43085
- Cost: \$70 per player (**jerseys provided**) or \$500 per team (**NO jerseys provided**)
- Applications Due: **Monday, April 10th, 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

## Basketball Spring League

Application (due/postmarked by **Monday, April 10th, 2017**)

### Individual Players:

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Please circle the appropriate league participation:    Girls: 3-4, 5-6, 7-8, High School    Boys: 3-4, 5-6, 7-8, High School

Jersey Size (please circle one):    Adult:    Small    Medium    Large    X-Large Child:    Small    Medium    Large

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 # \_\_\_\_\_ **\$70**

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

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Coach's Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Check #: \_\_\_\_\_ **\$500**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Team Grade Level(s) (Please list the range of current grade levels for all players on the team): \_\_\_\_\_

Team Name: \_\_\_\_\_ (Please attach the roster)

Individuals and Each Member of a Team must sign and submit the following release

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#### 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 #: \_\_\_\_\_

