



Skills & Instructional Series

Spring 2019

Boys Grades 5th – 8th
Girls Grades 5th – 8th

Program Goals

Spring is a key time for a basketball player to develop their skills, while building upon all they learned in the Winter Season. While not making a school or AAU 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 an AAU 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 Details (March 27 – May 22)

This program includes (75 minute) group training sessions on **Wednesday** evenings that focus on individual skills, team play concepts and execution that will help develop player’s skills and knowledge for future opportunities;

- Sessions will be held 6:00pm to 7:15pm

Participation in this **Ohio Sports Plus** Skills & Instructional Series also includes the opportunity to perform in **6** officiated games on **Monday** nights through April and May.

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

Thomas Worthington High School
300 West Granville Road
Worthington, OH, 43805

Program Leaders

Rondrea McCruter - League Coordinator

Cost: \$250

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



Skills & Instructional Series Registration Form

Spring 2019

Parent Information				
Name(s)				
E-mail(s)				
Primary Phone			Secondary Phone	
Address				
City			State	Zip Code
Player Information				
Name				
Date of Birth			Gender	
Current Grade			Current School	

Please make checks payable to "Ohio Sports Plus"

**Mail to: Ohio Sports Plus
860 Chesterfield Road
Columbus, OH 43209**

Check No: _____ Amount: **\$250**
Form and Check due Friday, March 22rd (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 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: _____
Version: February 19, 2019