



# Spring Development Program

*Skills & Instructional Series - Spring 2020*

Boys Grades 4<sup>th</sup> – 8<sup>th</sup>  
Girls Grades 4<sup>th</sup> – 8<sup>th</sup>

## 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. This program is suitable for all players who want to improve their basketball skills through drills and game situations.

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

## Program Details (March 25 – May 17)

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;

- Training Sessions will be held 6:00pm to 7:15pm, starting on Wednesday, March 25

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

### Game Dates:

(Game times between 4:00pm – 8:00pm)

Sunday, April 5<sup>th</sup>

Sunday, May 3<sup>rd</sup>

Sunday, April 19<sup>th</sup>

Monday, May 11<sup>th</sup>  
(5:30pm-9:30pm)

Sunday, April 26<sup>th</sup>

Sunday, May 17<sup>th</sup>

**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 McCruiter - League Coordinator

### Cost: \$250

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



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Player's Name		Current Grade & School		Jersey Size	
Player Information					
Date of Birth				Gender	
Basketball Experience (Played HS, JV, Junior High, etc.):					
Position would like to play (e.g., point guard, post, 3, etc.)					
Parent Information					
Name(s)					
E-mail(s)					
Primary Phone		Secondary Phone			
Address					
City		State		Zip Code	

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 20th (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: Feb 24, 2020

Website: [www.ohiosportsplus.com](http://www.ohiosportsplus.com)

Phone: 614-235-3606

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