



AAU/TRAVEL BASKETBALL REGISTRATION FORM SPRING 2020

Player's Name		Current Grade & School		Tryout Number (Leave Blank)	
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
Equipment Sizing – Adult Small, Adult Medium, Adult Large, Adult XL, Youth Small, Youth Medium, Youth Large					
Jersey Size		Short Size		Shooting Shirt Size	
Preferred Jersey Numbers (List 3)					

Please make checks payable to "Ohio Sports Plus"

Check No: _____ Amount: **\$10**

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

Can mail in app or bring to tryouts

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 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: _____

Check #: _____

Amount Pd: _____

Try-out #: _____

Version: January 20, 2020

Parent Signature _____

Date _____

Website: www.ohiosportsplus.com

E-mail: basketball@ohiosportsplus.com

Facebook: [@OhioSportsPlus](https://www.facebook.com/OhioSportsPlus)

Twitter: [@OhioSportsPlus](https://twitter.com/OhioSportsPlus)

Instagram: [ohiosportsplus](https://www.instagram.com/ohiosportsplus)