



## AAUBasketball/Travel Team Information

Try-out dates for Boys 5<sup>th</sup>-11<sup>th</sup> grade and Girls U10-U16

**March 6<sup>th</sup>/7<sup>th</sup> and March 13<sup>th</sup>/14<sup>th</sup>**

@ Lazelle Woods Recreation Center  
8140 Sancus Blvd.  
Columbus, OH 43081

*The specific times for each age group will be posted on [ohiosportsplus.com](http://ohiosportsplus.com) by mid February, if not sooner. Please check the web site for times as well as how to determine which age group your child should try-out.*

Cost: \$400\*  
\$10 Try-out fee to be mailed with the application  
\*Full payment due the first day of practice

What is included in the cost:

6 Tournaments (including entry into OSP's May Classic)  
A reversible uniform/Warm-up shirt  
Weekly practices in March, April, and May

For more information please contact:

Ohio Sports Plus  
(614) 235-3606  
[basketball@ohiosportsplus.com](mailto:basketball@ohiosportsplus.com)



For Office Use: Try-out #: _____ Check #: _____ Amount Pd: _____
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## AAU Basketball Registration Form

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

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

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

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

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

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

Boys	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>
Girls	U10	U11	U12	U13	U14	U15	U16

Basketball Experience: (e.g., play high school varsity) \_\_\_\_\_

Position would like to play: (e.g., point guard, 3 or 4, etc.) \_\_\_\_\_

Please make checks payable to "Ohio Sports Plus" Check No: \_\_\_\_\_ Amount: **\$10**

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

Conflict with try-out dates? \_\_\_\_\_

**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, it's 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  
REV: 1/15/2010

\_\_\_\_\_  
Date