



AAU/Travel Team Information 2012

www.ohiosportsplus.com or (614)235-3606

Tryout Dates: See schedule below
Form & Check Due Friday, Feb 17 (postmarked)

Who can tryout: Boys 4th – 11th Grade
Girls 4th – 11th Grade (U10 – U17)

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

BOYS' TRYOUT SCHEDULE

(ONLY NEED TO ATTEND ONE TRYOUT SESSION)

Sat, Feb 25 th & Sat, Mar 3 rd	
4 th & 5 th Grade Boys	12:00 – 2:00 pm
6 th Grade Boys	2:00 – 4:00 pm
7 th Grade Boys	4:00 – 6:00 pm
8 th Grade Boys	6:00 – 8:00 pm

Sun, Feb 26 th & Sun, Mar 4 th	
9 th Grade Boys	4:00 – 6:00 pm
10 th & 11 th Grade Boys	6:00 – 8:00 pm

GIRLS' TRYOUT SCHEDULE

(ONLY NEED TO ATTEND ONE TRYOUT SESSION)

Fri, Feb 24 th & Fri, Mar 2 nd	
4 th , 5 th , 6 th Grade Girls (U10, 11, 12)	6:00 – 8:00 pm

Sun, Feb 26 th & Sun, Mar 4 th	
7 th & 8 th Grade Girls (U13 & U14)	1:00 – 2:30 pm
9 th , 10 th , 11 th Grade Girls (U15, 16, 17)	2:30 – 4:00 pm

Cost: \$400 when make the team
\$10 Try-out fee to be mailed with the application

What is included in the cost:

- 6 Tournaments
- A reversible uniform
- A shooting shirt
- Weekly practices in March, April, and May

For more Information, please contact:

Ohio Sports Plus
(614)235-3606
basketball@ohiosportsplus.com



AAU Basketball Registration Form 2012

Form & Check Due Friday, Feb 17 (postmarked)

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 grade level the player is interested in playing, and indicate the tryout date

Boys 4th 5th 6th 7th 8th 9th 10th 11th
Girls U10 U11 U12 U13 U14 U15 U15 U17 Tryout Date: _____

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

Form & Check Due Friday, Feb 17 (postmarked)

ACKNOWLEDGEMENT 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 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 #: _____