

FALL 2010 Renegades Basketball Speed and Agility Training Program

For ages 12 years and older.

Work with experienced instructors, Becky & Steve Flynn
Improve your athleticism at our facility in
Hatboro, 2950 Turnpike Drive

Get the edge you need to take your game to the next level.

Fall Session - 10 week session meeting twice a week

Fall Session Begins on Tuesday September 7th

and ends on Saturday November 13th

Every Tuesday 6:30 to 7:30pm

& Saturday 8am to 9am

Please bring registration form and fee to 1st session

Or Mail to Renegades, 858 Street Rd., Southampton, PA 18966

Renegades Cost: per session = \$160 (\$125 for 2nd child)

If attending only 1 day per week cost = \$80.00

Non-Renegades Cost: per session = \$190 (\$155 for 2nd child)

If attending only 1 day per week cost = \$95.00

Speed & Agility 2010

Fall Session beginning Tues September 7 and ending Sat November 13, 2010

On Tues, Sept 7th, please bring form & payment for 20 sessions. If available for one day per week, bring payment for 10 sessions

Player's Name: _____ Date of Birth _____ Grade _____

Street Address _____

City, State, Zip: _____ Home Phone #: _____

Mom's Name: _____ Dad's Name: _____ School _____

Mom's cell #: _____ Dad's cell #: _____ E-mail: _____

If you are a non-Renegade, do you play AAU basketball with another club and already have a 2010/11 AAU insurance card? Yes or No

Check Payable to: Renegades mail to: Renegades, 858 Street Rd., Southampton, PA 18966

_____ has my permission to participate in the Renegades' Speed and Agility Program. I hereby assume all risks associated with the participation of my child in the Renegades program and agree to hold harmless the Renegades, Inc. organization, their officers, coaches, and participants for any and all claims for injuries arising out of the participation in this program. All participants are required to be covered by a personal or family medical plan including hospitalization before they can participate in the program. I certify that my child is covered by such a plan. I, the undersigned do hereby grant permission to any licensed physician to perform or provide necessary medical care or aid to my child in the event that he/she is injured while playing basketball in this program. I understand the details of this form and attest to its accuracy.

Date _____ (Parent/Guardian Signature) _____