Determined Athletes MEN's FALL LEAGUE Individual Registration

2018 PLAYER REGISTRATION FORM 18 and over or 35 and over divisions (Please note we can only have a 35 and over division if enough teams register

LEAGUE BEGINS Wednesday September 5, 2018

Gym Location is Renegades Kelly Bolish Gym, 2950 Turnpike Dr., Hatboro, PA

\$850.00 Cost per Team for 8 games plus playoffs

basketball.

200.00 Team deposit required at registration and 650.00 cash balance due at first game. Checks Payable to: RENEGADES, 858 Street Rd., Southampton, PA 18966 Or pay by credit card via website: www.renegadesbasketball.com Games to be played every Wednesday night at 7pm, 8pm, 9pm Deadline to register your team Saturday September 1st, 2018 Schedule will be posted online at www.renegadesbasketball.com

Team Captain		(must be filled in)		
Player Name		Heigh	Height	
Division : 18 & over or 35 & over	(circle one) Gender:	Male or Fem	ale (circle one)	
Address				
City/State	Zip1	Date of Birth		
ADULT SHIRT SIZE: S M	L XL 2XL	3XL 4XL	(circle one)	
CELL PHONE #				
E-MAIL ADDRESS				
1. All persons are required to be covered by a per participate in the program. I certify that the person			tion before they ca	
2. I hereby assume all risks associated with my p Program and agree to hold harmless the Renegac and all claims or injuries arising out of participat	des Organization, their offic	cers, coaches and partic	ipants for any	

3. I have completed and understand the details of this form and attest to its accuracy. I hereby grant permission to any licensed physician to perform or provide necessary medical care or aid to me if injured in connection to the playing of

(signature)_____(date)____