

2016 RENEGADES MEN'S FALL LEAGUE Registration Form

2016 REGISTRATION FORM Minimum age 28 yrs old (If enough register we will have 18 and over separate division)

LEAGUE BEGINS Tuesday Oct. 4th and ends the 1st week in December

Checks Payable to: RENEGADES, 858 Street Rd., Southampton, PA 18966

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

\$120.00 Fee per player with a minimum of 8 players per team (includes min. 8 games)
(If you play again in a future winter, spring, or summer men's league fee will be \$100.00)

\$35 Referee Fee a game is to be paid by each team.

\$25 Reversible jersey one-time fee (jersey can be used in winter, spring, summer league)

Check www.renegadesbasketball.com on Sat. 10/1 for time of 1st game.

Games to be played either Tues or Wed nights (7:30,8:30,or 9:30) or Sun mornings (9am, 10:15am)

Deadline to register your team is Monday September 26th

Name _____ Age _____

Address _____

City/State _____ Zip _____ Date of Birth _____

ADULT SHIRT SIZE: S M L XL XXL XXXL (circle one)

CELL PHONE # _____

E-MAIL ADDRESS _____

1. All persons are required to be covered by a personal or family medical plan including hospitalization before they can participate in the program. I certify that the person named above is covered by such a plan.

2. I hereby assume all risks associated with my participation in the Renegades Men's League Program and agree to hold harmless the Renegades Organization, their officers, coaches and participants for any and all claims or injuries arising out of participation in the Renegades Men's League.

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 basketball.

(signature) _____ (date) _____