

2016/2017 Overtime League (revised 11/19/2016)

Team Player Registration Form

Grades 4 thru 9

Deadline: Weds, November 23, 2016

League begins Saturday Dec 3, 2016

Full team payment of \$470 to be sent or paid online by coach or team parent
(each team also pays one \$30 ref fee at each game - this fee can also be
paid in advance by team for 10 regular season games @ \$330 per team)

Coach Send This Completed Form To:

Renegades, 858 Street Road, Southampton, PA 18966

OR send by fax (215) 364-3629 OR EMAIL to parenegades@comcast.net

Games played at Kelly Bolish Gym, 2950 Turnpike Drive, Hatboro, PA 19040

website address: www.renegadesbasketball.com

email address: parenegades@comcast.net ~ club info line: 215-919-0019

NAME _____ AGE _____ BIRTHDATE _____ HT _____

ADDRESS _____ CITY _____ STATE: _____ ZIP _____

GRADE _____ School _____ Boy or Girl
(Circle One)

HOME PHONE # _____

DAD'S NAME _____ MOM'S NAME _____

DAD'S CELL # _____ MOM'S CELL # _____

Parent E-MAIL ADDRESS: _____

Coach's Name _____

Team Name _____

Child's Name: _____ has my permission to participate in the 2016/2017 Overtime League. I hereby assume all risks associated with the participation of my child in the Renegades Overtime League, and agree to hold harmless the Renegades AAU organization, their officers, coaches, and participants for any and all claims for injuries arising out of the participation in this program. I understand the details of this form and attest to its accuracy. 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. I the undersigned parent (legal guardian), do hereby grant permission to any licensed physician to perform or provide necessary medical care or aid to my child or ward who was injured in connection to the playing of basketball.

Date _____ Signature _____