

2018 – 2019 Overtime League
OUTSIDE TEAM PLAYER Registration Form
Grades 1 thru 11
Deadline: Weds, November 28, 2018

League begins Saturday, December 15th, 2018

Full team payment of \$470 to be sent or paid online by coach or team parent.
\$445 per team if club enters 3 or 4 teams. \$420 per team if club enters 5 or more teams.
(each team also pays one \$30 referee fee at each game – this fee can also be
paid in advance by team for 10 regular season games @ \$330 per team).

Coach to send this form for each player (signed by parent)
along with team roster form and payment to:
Renegades, 858 Street Road, Southampton, PA 18966 OR
Send by fax (215) 364-3629 OR EMAIL to parenegades@comcast.net

- Games will be played at Kelly Bolish Gym, 2950 Turnpike Drive, Hatboro, PA 19040
- Weekly Schedule will be posted to our website: www.renegadesbasketball.com
- Questions regarding the league can be sent to (preferred) parenegades@comcast.net
- Club Phone: (215) 919-0019

[NOTE: IF THERE ARE ANY WEATHER RELATED COMMUNICATIONS/CANCELLATIONS, CLICK ON THE SPINNING BASKETBALL IN THE UPPER RIGHT HAND CORNER OF OUR WEBSITE FOR GYM CLOSURE INFO.](#)

NAME _____ AGE _____ BIRTHDATE _____ GRADE _____ HT _____

ADDRESS _____ CITY _____ ZIP _____

BOY or GIRL (CIRCLE)

HOME PHONE # _____ DAD'S NAME _____ MOM'S NAME _____

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

MOM'S CELL # _____ E-MAIL ADDRESS _____

Team Name _____ Coach's Name _____

YOUR CHILD'S NAME: _____ has my permission to participate in the 2018-2019 Winter Program. I hereby assume all risks associated with the participation of my child in the Renegades Overtime or other 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 _____

9/5/18 revised

Paperwork: For teams entering, coach to send signed Coach Roster Form & Individual Player Registration forms signed by parents. (1 check per team. No individual player checks for teams that are entering. Coach must collect money/checks and submit 1 payment to Renegades)

***Each player must fill out an individual registration form**

***Each coach must fill out and sign a roster form and submit with individual player forms 1 payment in full (no individual player checks)**

INSURANCE IS MANDATORY

All Township, School or CYO teams need to give us a certificate of insurance naming the Renegades, Inc. as an additional insured. If you are an outside AAU team, you need to SEND COPIES OF VALID CURRENT AAU insurance cards for all coaches & players. If you have any questions please contact us at parenegades@comcast.net .