

# 2009-2010 Overtime League Team Player Registration Form

**Deadline: Sat, November 14, 2009**

Forms and checks mailed to: **Renegades, 858 Street Road, Southampton, PA 18966**

All games played at **Kelly Bolish Gym, 2950 Turnpike Drive, Hatboro, PA 19040**

www.renegadesbasketball.com

parenegades@comcast.net or 215-364-1426

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE \_\_\_\_\_ School \_\_\_\_\_ Boy or Girl  
(Circle One)

**ADULT SHIRT SIZE: S M L XL XXL (Circle one)**

HOME PHONE # \_\_\_\_\_

DAD'S NAME \_\_\_\_\_ MOM'S NAME \_\_\_\_\_

DAD'S CELL # \_\_\_\_\_ MOM'S CELL # \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**Coach's Name** \_\_\_\_\_ **Team Name** \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the 2009– 2010 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 \_\_\_\_\_