

**2016/2017 Renegades Yearly Club Membership Registration Form (8-15-16 thru 8-31-17)**

Send to: Renegades - 858 Street Road - Southampton PA 18966

[www.renegadesbasketball.com](http://www.renegadesbasketball.com) All membership fees are non-refundable

\$175.00 for 1<sup>st</sup> child, \$125.00/2<sup>nd</sup> child, \$75.00/3<sup>rd</sup> child, \$25.00/4th or more children. Drills only fee of \$225.00pp for non-team members. Winter Member \$100/only for winter team participation (Sept 1 2016 thru Feb 28 2017, will not be pro-rated regardless of when you start during this time).

This \$100 rate is only for players playing on a winter team. Brand New Members: Please send a copy of your child's state certified birth certificate with registration form. See pro-rated fee chart online if needed.

Name: \_\_\_\_\_ Girls Grade on Oct 1, 2016 \_\_\_\_\_  
Girls Age on Aug 31, 2017 \_\_\_\_\_  
Boys Grade on Oct 1, 2016 \_\_\_\_\_  
Boys Age on Aug 31, 2017 \_\_\_\_\_

Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_  
Number: \_\_\_\_\_ Number: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Mother's Work Number: \_\_\_\_\_  
Mother's Work Fax# \_\_\_\_\_  
Mother's Cell Phone Number \_\_\_\_\_  
Mother's email \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Father's Work Number: \_\_\_\_\_  
Father's Work Fax Number \_\_\_\_\_  
Father's Cell Phone Number \_\_\_\_\_  
Father's E-mail \_\_\_\_\_

Player's E-mail \_\_\_\_\_

Emergency Contact's Name and Phone \_\_\_\_\_  
Doctor's Name & Phone Number: \_\_\_\_\_

School \_\_\_\_\_ Current 2016-2017 School Grade \_\_\_\_\_ H.S. Grad. Year \_\_\_\_\_

Height: \_\_\_\_\_ (must be filled in)

Health Insurance \_\_\_\_\_ I.D/Group \_\_\_\_\_  
Company: \_\_\_\_\_ number \_\_\_\_\_

**Only brand new Renegades players need to fill in UNIFORM info below:**

**NOTE: SAMPLES FOR SPRING AAU AT GYM TO SIZE**

Adult shirt size: (Circle One) Small Med Large X-Large XX-Large  
(For 3 pc. mesh jerseys circle - Men's Cut or Women's Cut)

Adult shorts size: (Circle One) Small Med Large X-Large XX-Large  
Uniform No. Request: (Top 5 picks) \_\_\_\_\_

(Note: No digit in a uniform number can be over the numeral 5 within the number, ie no number with a 6,7,8, or 9 in it)

(Returning Player) Current Renegades AAU Uniform Jersey #: \_\_\_\_\_

Previous Basketball Experience: \_\_\_\_\_

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Has your child ever been treated by any doctor for or had any known indication of the following? Please Circle Yes or No:

Head Injury	NO	YES	Concussion	NO	YES
Dizzy Spells	NO	YES	Fainting Spells	NO	YES
Asthma	NO	YES	Heart Problems	NO	YES
Anemia	NO	YES	Back Injury	NO	YES
Diabetes	NO	YES	Fatigue	NO	YES

Is s/he allergic to any drugs, serums, adhesive tapes or insects? NO YES

Explain: \_\_\_\_\_

Is s/he allergic to any food or other substance? NO YES

Explain: \_\_\_\_\_

Has s/he ever been told not to participate in sports because of a health problem? NO YES

Explain: \_\_\_\_\_

Does s/he take medication regularly? NO YES

Explain: \_\_\_\_\_

Has s/he had any serious illness or operations in the last year? NO YES

Explain: \_\_\_\_\_

Is s/he currently under a doctor's care? NO YES

Explain: \_\_\_\_\_

Please list any medical condition that would impair or prohibit your son/daughter's participation in the Renegades' Basketball Program. If none, write "NONE" \_\_\_\_\_

#### Parental Permission

\_\_\_\_\_ has my permission to participate in the Renegades AAU Basketball Program. I hereby assume all risks associated with the participation of my son/daughter in the Renegades Program, 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 have completed and understand the details of this form and attest to its accuracy. I certify that my son/daughter has primary health insurance with the above carrier. I also give my permission for my son/daughter to be examined by a physician in case of an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

**Important info for brand new Renegades' members joining 8-15-16 thru Spring 2017:** During the fall/winter of 2004 the Renegades Organization built a brand new 3 court facility inside a warehouse at 2950 Turnpike Dr., Hatboro, PA. All Renegades' families at that time either procured \$500.00 worth of advertising sponsorships from local businesses or contributed a personal tax deductible donation in that amount. All brand new members that register with the club on August 15, 2016 thru the spring of 2017 will not be responsible for this obligation during their first year of participation with the Renegades. However, if you choose to re-register for your second year with us the following August 15, 2017, then the building fund sponsorship/contribution of \$500 will be due but payment can be spread out over a 4 year period. And for those families that are currently re-registering for a second year with us on Aug 15, 2016 or later, the \$125.00 yearly donation will be due on Feb 1, 2017 and needs to be paid prior to the player participating in 2017 spring AAU evaluations. **OR**, You have the option of obtaining a business sponsorship of \$125.00 per year for 4 years. Please contact the office for sponsorship letter.

I have read and understand the above paragraph about the gym fundraising campaign.

\_\_\_\_\_ Parent/Guardian Signature Date \_\_\_\_\_

## 2016-2017 AAU Membership Application Insurance Form

Date of Application: \_\_\_\_\_

Membership expires 8-31-2017. Sport Code: \_\_\_ BA for boys \_\_\_ BW for girls

Membership Category- Check one: \_\_\_ Athlete \_\_\_ Coach \_\_\_ Official \_\_\_ Volunteer

Check One: \_\_\_ Youth Program \_\_\_ Adult Program / Added Benefit \_\_\_ Yes \_\_\_ No

Club Name: **Renegades**

Are you already covered with Health & Accident Insurance? \_\_\_ Yes \_\_\_ No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

I agree to be bound by the AAU Code as well as AAU operating procedures and policies, including but not limited to: binding arbitration and the release and indemnity of the AAU. By paying my annual membership dues, I certify that I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office.

Member's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **Athletes' Code of Honor**

I promise upon my word of honor that I will not take unfair advantage of an opponent, that I will be courteous in work and demeanor to opponents, officials and spectators, that I will observe the rules of the game in spirit as well as in letter, and that I will constantly strive to uphold the ethics of amateur sports.

### **Coaches'/Volunteers' Code of Honor**

I promise upon my word of honor to help to create an environment in which primary emphasis is placed upon the emotional and physical well-being of all AAU athletes, rather than winning. I will lead, by example, and will demonstrate the value of fair play and sportsmanship to all participants. Lastly, by becoming an AAU member, I agree to be bound by the AAU Code as well as all AAU operating procedures and policies.