

2017 Summer Hoops League Coaches Roster Form

Mail check (\$1200 per Team-10 player minimum), COACHES MUST PAY WITH 1 CHECK, NOT MULTIPLE CHECKS PER TEAM

roster & individual player registration forms signed by parent to: Renegades, 858 Street Rd., Southampton, PA 18966

NOTE: Division determined by the grade the players are entering in the FALL OF 2017.

Name of Team _____ Division _____ (3rd/4thcoed,5th/6th,7th/8th,9th/10th) **GRADE AS OF FALL 2017**

Circle Gender of Team: Boys or Girls **Due Date: Monday June 12, 2017**

Head Coach _____ Home Phone _____ Work _____ Cell _____ Email _____

Team Contact _____ Home Phone _____ Work _____ Cell _____ Email _____

I, as coach of my team certify that all players have personal primary health insurance and have medical & liability insurance coverage with our School, Township, CYO, AAU or club organization. I will submit not less than \$1,200.00 (minimum of 10 players per team to cover all league costs which include referee fees, league shirts, and all other operational expenses). If over 10 player minimum, I will submit a total of \$1200 per team total.

_____ Signature of head coach _____ date

****3rd & 4th Grade team shirts can order YM & YL, all other divisions order Adult S,M,L,XL,2XL****

	Player's Name	Shirt Size**	Grade Fall 2016	Email Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				