

2017 JOHN WALKER MEMORIAL FALL LEAGUE (Updated 7/28)

PARENTAL PERMISSION FORM FOR PLAYERS COMING INTO LEAGUE WITH FULL TEAM and/or NON-RENEGADE COACH

BOYS AND GIRLS 2016 TEAM PLAYER REGISTRATION FORM

Grades 3 thru 12

LEAGUE BEGINS Fri, Aug 25th & Sun, Aug 27th, for Grades 3 thru 12 except 5th & 6th girls start Mon Sept 11

Please note that the 3rd/4th grade division is the only division that is coed

Checks Payable to: RENEGADES, 858 Street Rd., Southampton, PA 18966

Gym Location is Renegades Kelly Bolish Gym, 2950 Turnpike Dr., Hatboro, PA

Send in early registration by 7/25/17 to secure spot or deadline of Aug 15th, 2017

There was a waiting list last year so register early to reserve spot!

\$120.00 Fee for 3rd thru 12th grade players for 10 Games (includes 1 playoff game)

All outside teams must have a minimum of 10 players and maximum team cost is \$1200.00 with the exception that School HS teams must have 8 player minimum. (If a team has more than 12 players the total team cost is still only 1200.00) New this year we will offer free fall gym practice time to teams entering our league.

Please check website on Thur 8/24 for Fri game & Sat 8/26 for Sun game & Sun 9/10 for Mon game

at www.renegadesbasketball.com Additional \$100.00 separate check to play up in older age div.

only if approved by Director. ANY PLAYER PLAYING UP, MUST PLAY THIER GRADE DIV

GAMES OR THEY CANNOT PLAY UP, the priviledge will be taken away.

Note: Please fill in your child's grade (fall 2017) & height and circle his/her shirt size!

Name _____ Age _____ **Height** _____

(Cannot roster on team without height)

Address _____

City/State _____ Zip _____ Date of Birth _____

GRADE Entering FALL 2017 _____ **School** _____

ADULT SHIRT SIZE: AS AM AL AXL AXXL (circle one)

OR

Youth Shirt Size: Youth Med Youth Large Youth X-Large (circle one)

HOME PHONE # _____

MOM'S NAME _____ MOM'S CELL # _____

DAD'S NAME _____ DAD'S CELL # _____

E-MAIL ADDRESSES _____

TEAM NAME _____

COACH NAME _____

~ PARENT SIGNATURE NEEDED ON PAGE 2 ~

PARENTAL PERMISSION

_____ has my permission to participate in the 2017 John Walker Memorial Fall League. I hereby assume all risks associated with the participation of my child in the Renegades Program, and agree to hold harmless the Renegades AAU organization, their officers, coaches, and participants for any and all claims or injuries arising out of participation in the Renegades program. I have completed and 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.

(signature) _____ (date) _____

MANDATORY INSURANCE -

All Township, School, CYO or AAU teams need to give us current proof of player insurance.

If you are entering as a township, school, CYO or AAU team that does not have current player insurance coverage then all players will need to purchase an aaU membership card at a cost of 16.00 which will give the player catastrophic insurance for the period Aug 15, 2017 thru Aug 31, 2018. This can be purchased online at www.aausports.org beginning on Aug 16, 2017. Do not purchase aaU card prior to Aug 16th because that membership will expire on Aug 31st, 2017

GO TO: <https://play.aausports.org/summary.aspx> OR go to aausports.org click "JOIN NOW" and on right is "CONTINUE AS GUEST USER". When you register online, you must select EXTENDED \$16 (not \$14)/AB (added benefit) and you will be covered under the AAU supplemental insurance from 8/16/17 to 8/31/18. **This is not going to be available on the aausports.org website until August 16th.** This insurance covers the player not only for basketball but for any sport that the player participates in during the entire year and is well worth the \$16.00. This AAU insurance does not take the place of family health care coverage. Every Walker League player must have their own health care insurance. **Please forward AAU insurance membership card confirmation received from AAU to parenegades@comcast.net prior to playing in first league game. This will be strictly enforced due to the liability issues.** Any questions email: parenegades@comcast.net .

Walker League Schedule and Rosters will be posted at www.renegadesbasketball.com

****League starts Friday Aug 25th, Sunday Aug 27th, & (Monday Sept 11 for 5/6th Girls only) ****

League schedule and Rosters will be posted on our website Thurs 8/24 for Fri games, Sat 8/26 for Sun games & Sun 9/10 for Mon games. Please be sure to check our website for date and time of your first game. NOTE: We will not be able to phone or e-mail about when your first game is! You must check website

For the boys and girls we will have 5 grade divisions. The 3rd/4th, 5th/6th, 7th/8th, 9th/10th, and 11th/12th. The 3rd/4th boys & girls games will be on Fridays at 6:15pm and this is the only coed division in the league. The 5th/6th boys will play on Friday nights and the 7th/8th boys will play on Sunday nights with the possible option of playing on Fri nights at 8:45pm. The 9th/10th boys play mid to late afternoon on Sundays. 11th/12th boys play on Sunday evenings. The 5th/6th girls will play at 7pm on Mondays. The 7th/8th girls play on Sundays starting at 11am or 12:15pm. 9th/10th girls will play early afternoon games on Sundays. The 11th/12th girls play mid to late afternoon on Sundays. All games should be played at our Renegades Kelly Bolish Gym at 2950 Turnpike Dr., Hatboro, PA 19040. If additional space is needed local school gyms will be used.

Please state what grade your child is entering in **Fall 2017** on registration form.

Over 800 children participated in last year's 2016 John Walker Memorial League plus waiting list.

All games will be played at our gym: Kelly Bolish Gymnasium, 2950 Turnpike Dr., Hatboro, PA 19040.

Checks payable to: Renegades, 858 Street Rd., Southampton, PA 18966 (mailing address)

Please send reg form and payment of 120.00 (reduced cost) (3rd thru 12th)

Or you can register online and pay with credit card (credit card payments incur a 5% bank service fee)

Early registration date to reserve spot is July 25, 2017 and deadline is Aug 15, 2017