2016 Fall Walker Memorial League Roster Form

To enter a team: 10 player MINIMUM (includes league shirt). The total team cost is $1400.00 even if you have more than 10 players.

Send roster, individual player registrations and 1 payment (1 check per team please to cover all players) to: Renegades, 858 Street Rd., Southampton, PA 18966

Name of Team _____ Grade_____ Level of Team: A or B (circle one)

Due Date: Please send in registrations by 7/25/16 or deadline of Aug 15th, 2016 (Add a $25.00 late fee after 8-15-16) WAIT LIST LAST YEAR

Circle Gender of Team: Boys or Girls

Head Coach _____ Cell _____ Email _____

Team Contact _____ 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.

All Non-Renegade coaches and players must forward by email , their AAU insurance membership card confirmation they receive from AAU to parenegades@comcast.net prior to playing in their first league game. This will be strictly enforced due to the liability issues.

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 benefit and you will be covered under the AAU supplemental insurance from 8/16/16 to 8/31/17. **This is not going to be available on the aausports.org website until Aug 16th.** This supplemental insurance covers the player/coach not only for basketball but for any sport that the player participates in during the entire year and is well worth the $16.00 per player/$18.00 per coach.

_____Sign/Date Head Coach

Player's Name	Date of Birth	Grade Fall 2016	Height	Shirt Size (Adult Sizes S,M, L, XL)	School