

2017 – 2018 Winter Player/Overtime League Individual Player Registration Form

for RENEGADES CLUB TEAM PLAYER or TEAM GUEST PLAYER

(This form is not for players entering that are on an outside club team.

See team player form under Overtime League link.)

Renegades Overtime League participation is open to boys & girls grades 3 thru 9.

This form should be used for individual players for Overtime (boys & girls) & Lincoln (girls) winter team participation.

Mail form and fee to: Renegades, 858 Street Road, Southampton, PA 18966 by Oct 15th, 2017 or pay online (finance charge will be added) www.renegadesbasketball.com

Renegades **BOY** players participate in our own winter Overtime league that is held in our gym from Dec 2nd through mid-March

IMPORTANT NOTE: GIRLS club teams will play in the NEGICBL (North East Girls Inner City Basketball League) at Lincoln HS, NE Phila. on every Saturday between Jan 1st to mid March & can also participate in a second league, the Renegades Overtime league when it is determined we will have full divisions available for our girls teams to participate in (held in our gym week nights or weekend days between Dec 3rd through the middle of March.

OPTION 1 for Renegades Members:

If a Renegade is only playing in 1 league the fee for the league is \$175.00

(This is a higher fee because practice gym time is included.)

_____ \$175, 1st league fee enclosed

IF YOU HAVE A WINTER JERSEY (girls gray shirt/boys reversible) WHAT IS THE NUMBER? _____

OPTION 2 for Renegades Members:

If a Renegade is playing in 2 leagues the fee for the 2nd league team participation is \$100.00,

_____ \$100, 2nd league fee enclosed (girls only 4th-9th grade)

IF YOU HAVE A WINTER JERSEY (girls gray shirt) WHAT IS THE NUMBER? _____

OPTION 3 for Non-Renegades / Winter Only players: (make sure to include a copy of your child's birth certificate)

The fee for the 1st league for any non-Renegade is \$175.00 + \$100 Winter Only Club Membership fee. (The \$175 higher league fee includes team practices and the \$100 membership fee covers player liability insurance and participation in our weekly drills during the winter season until end of Feb 2018.) For Winter Member to play in 2nd league, the fee is \$100.00 additional.

_____ \$175 1st league (Renegades Overtime league) fee enclosed, _____ \$100, 2nd league fee enclosed, _____ \$100 Winter Membership fee

NOTE: WINTER MEMBERSHIP FEE INCLUDES DRILLS & TEAM PRACTICES FOR THIS LEAGUE THRU FEBRUARY 2018.

UNIFORMS: Boys winter uniform includes reversible black/gray jersey with black short.

Girls winter uniform includes gray v-neck (with blue numbers) jersey with black short.

All players must wear matching sets, no odd shorts that do not match team, player must have matching team short.

IF YOU HAVE A WINTER JERSEY (girls gray shirt/boys reversible) CONFIRM THE NUMBER HERE: _____

UNIFORM: boys & girls Jersey & Black Short \$50.00. TOP 5 JERSEY NUMBER CHOICES _____, _____, _____, _____, _____

SHIRT Youth Medium Youth Large Youth X-Large Adult Small Adult Medium Adult Large Adult X-Large AXXL (Circle one)

SHORTS Youth Medium Youth Large Youth X-Large Adult Small Adult Medium Adult Large Adult X-Large AXXL (Circle one)

Previously had a jersey but need new with same number? What was number? _____ Circle SHIRT size needed above.

Enclose \$25 payment. Thanks.

NAME _____ AGE _____ BIRTHDATE _____ GRADE _____ HT _____

ADDRESS _____ CITY _____ ZIP _____ BOY/GIRL (CIRCLE)

HOME PHONE # _____ DAD'S NAME _____ MOM'S NAME _____

DAD'S WORK # _____ DAD'S CELL # _____ MOM'S WORK# _____

MOM'S CELL # _____ E-MAIL ADDRESS _____

School _____ Coach's Name if known _____

_____ has my permission to participate in the 2017-2018 Winter Program. I hereby assume all risks associated with the participation of my child in the Renegades Overtime or other 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 _____