

2017 Summer Hoops League



Renegades, 858 Street Road, Southampton, PA 18966, 215-364-1426
www.renegadesbasketball.com email: parenegades@comcast.net

For: Boys and Girls 3rd* Grade through 10th Grade (Fall 2017 Grade)*3rd/4th division was coed last year. There are both individual and team sign ups. All teams entering must have this form filled out for each player (10 player minimum).

NOTE: Division determined by the grade the players are entering IN THE FALL 2017.

When: Beginning Monday, June 19, 2017. One game per week will be played for 9 weeks on either Monday, Wednesday, Friday evenings or Sunday mid-afternoon/evening with the possibility of Tuesday evenings depending on the size of the league. The 10th game is the first playoff game. All teams make the playoffs which take place the last 2 weeks of August.

Where: Games will be played **indoors** at the Renegades Kelly Bolish Gym, 2950 Turnpike Drive in Hatboro, Maureen Welch ES, 750 New Rd, Churchville, Pa 18966, & Somerton Youth Org, 1400 Southampton Rd, Philadelphia, Pa 19116

Cost: \$120 per player individual or \$1200 per team total (not less) 10 player team minimum. Full teams entering send signed Coach Roster Form & Individual player registration forms signed by parent and TEAM PAYMENT IN FULL (DO NOT SEND MULTIPLE CHECKS OR PAYMENT FROM INDIVIDUAL PLAYER - ONE CHECK ONLY PER TEAM, CASH OR 1 CREDIT CARD PAYMENT ONLY. (Service charge will be added as well to all credit card payments.) Coach will submit exactly \$1200 not less than \$1,200.00 if under 10 player minimum. When coach sends in paperwork he/she agrees to submit not less than \$1200 per team when entering as a team. You must calculate fee per player to total \$1200. We need an individual player form for each team member with payment.

Registration deadline - Mon June 12th, 2017.

Checks should be made payable to: Renegades, 858 Street Road, Southampton, PA 18966

Select League:

(Please Circle) 3rd and 4th Grade(coed) -- 5th and 6th Grade -- 7th and 8th Grade -- 9th and 10th Grade -- BOY or GIRL

NAME _____ AGE _____ SCHOOL _____ HT _____

ADDRESS _____ BIRTHDATE _____ GRADE FALL 2017 _____

CITY _____ ZIP _____ **ADULT SHIRT SIZE:** S M L XL XXL (Circle one)

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

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

MOM'S CELL # _____ E-MAIL ADDRESS _____

RATE PLAYER'S BASKETBALL PERFORMANCE: (circle) Exceptional---Pretty Good---Good---Average---Inexperienced

Please describe player's basketball experience if you're a new player to Renegades who is NOT known to Mr. Flynn:

If entering as an individual, list a few friends you would like on your team, we will do our best as some friends are already on formed teams (**THIS IS NOT GUARANTEED, THIS IS A REQUEST**):

1. _____ 2. _____ 3. _____

If entering as a member of a team: Coach's Name _____ Team Name _____

_____ has my permission to participate in the 2017 Renegades Summer Hoops 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 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 _____

INSURANCE FOR INDIVIDUALS ENTERING THE LEAGUE ONLY – FULL TEAMS COMING INTO THE LEAGUE SHOULD HAVE THEIR OWN INSURANCE

MANDATORY INSURANCE Any player who does not play AAU basketball or plays AAU basketball with another club must either supply AAU Card purchased by your AAU club or register online at:

GO TO: <https://play.aausports.org/summary.aspx> OR go to ausports.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 the purchase date until 8/31/17. This insurance covers the player not only for basketball but for any sport that the player participates until the expiration date and is well worth the \$16.00. This AAU insurance does not take the place of family health care coverage. Every league player must have their own health care insurance. **All Non-Renegades 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.** If you have any questions please contact us at parenegades@comcast.net