

# 2010 Summer Hoops League



Renegades, 858 Street Road, Southampton, PA 18966, 215-364-1426  
[www.renegadesbasketball.com](http://www.renegadesbasketball.com) email: [parenegades@comcast.net](mailto:parenegades@comcast.net)

**For:** Boys and Girls 5<sup>th</sup> Grade through 10<sup>th</sup> Grade (Fall 2010 Grade). There are both individual and team sign ups. All teams entering must have this form filled out for each player.

**When:** Beginning Monday, June 7, 2010. One game per week will be played for 10 weeks on Mondays & Wednesdays. Playoffs will take place the third week of August.

**Where:** Games will be played **indoors** at the Renegades Kelly Bolish Gym, 2950 Turnpike Drive in Hatboro.

**Cost:** \$95 per player or \$875 per team. Checks should be made payable to: Renegades, 858 Street Road, Southampton, PA 18966

**Due:** Registration deadline is May 28th. A late fee of \$10 per player or \$50 per team will be required for registrations received after June 1st.

**Select League:** (Please Circle)

5<sup>th</sup> and 6<sup>th</sup> Grade

7<sup>th</sup> and 8<sup>th</sup> Grade

9<sup>th</sup> and 10<sup>th</sup> Grade

Boys or Girls

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_ HT \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE FALL 2010 \_\_\_\_\_

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 \_\_\_\_\_

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: 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

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

\_\_\_\_\_ has my permission to participate in the 2010 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 \_\_\_\_\_

