

**2011 - 2012 Overtime League
Individual Player Registration Form
(This form is not for players entering as a team.)**

League participation is open to boys and girls grades 4 thru 9.

(This form is not for players entering as a team, see team form under Overtime League link.)

Winter Travel participation is open to boys and girls grades 4 thru 9.

This form should be used for individual players for Overtime, Lincoln, Ewing or other winter league participation.

Mail form and fee to: Renegades, 858 Street Road, Southampton, PA 18966 by Oct 20th, 2011 or pay online
www.renegadesbasketball.com

Renegades players participate in our own winter Overtime league that is held in our gym on Saturdays between Dec 1st & end of February.

Boys can also participate in a second league in Ewing, NJ and games are every Sunday between Dec 1st & end of February.

Girls can also participate in a second league at Lincoln HS, Phila on every Saturday between Jan 1st & middle of March or in Ewing NJ on every Saturday between Dec 1st and end of February.

OPTION 1 for Renegades Members:

If a Renegade is only playing in 1 league the fee for the league is \$160.00 (This is a higher fee because practice gym time is included.) ____\$160, 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 \$95.00, ____\$95, 2nd league fee enclosed
____Playing in Lincoln league as 2nd league (girls only 4th-9thgrade), ____Playing in Ewing or other league as 2nd league per your coach

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 \$160.00 + \$100 Winter Only Club Membership fee. (The \$160 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 2011.) For Winter Member to play in 2nd league, the fee is \$95.00 additional.

____\$160 1st league (Renegades Overtime league) fee enclosed, ____\$95, 2nd league fee enclosed, ____\$100 Winter Membership fee

NOTE: WINTER FEE INCLUDES TEAM PRACTICES FOR THIS LEAGUE

____Playing in Lincoln league as 2nd league (girls only 4th-9thgrade) ____Playing in Ewing or other league as 2nd league per coach

If you have never played in the winter as a Renegades member you will need the winter uniform that is different from spring set.

UNIFORM: boys & girls Jersey & Black Short \$40.00. TOP 5 JERSEY NUMBER CHOICES _____, _____, _____, _____, _____

Boy Separates: ____ reversible jersey \$25, ____ black short \$15 **Girl Separates:** ____ jersey \$20, ____ black short \$20

ADULT SHIRT SIZE: S M L XL XXL (Circle one) **ADULT SHORTS SIZE:** S M L XL XXL (Circle one) Previously had a jersey but need new with same number? What was number? ____ Circle SHIRT size needed above.

Enclose payment. Thanks.

NAME _____ AGE _____ BIRTHDATE _____ GRADE _____ HT _____

ADDRESS _____ CITY _____ ZIP _____

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 2011-2012 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 _____