

2011-2012 Overtime League Team Player Registration Form Grades 4 thru 9

Deadline: Tues, November 15, 2011

Full team payment of \$475 to be sent by coach or team parent to:
Player form mailed to: **Renegades, 858 Street Road, Southampton, PA 18966**
OR send by fax (215) 364-3629 OR EMAIL to parenegades@comcast.net
All games played at **Kelly Bolish Gym, 2950 Turnpike Drive, Hatboro, PA 19040**
www.renegadesbasketball.com
parenegades@comcast.net or 215-919-0019

NAME _____ AGE _____ BIRTHDATE _____ HT _____

ADDRESS _____ CITY _____ STATE: _____ ZIP _____

GRADE _____ School _____ Boy or Girl

(Circle One)

HOME PHONE # _____

DAD'S NAME _____ MOM'S NAME _____

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

E-MAIL ADDRESS: _____

Coach's Name _____ **Team Name** _____

_____ has my permission to participate in the 2011 – 2012 Overtime League. I hereby assume all risks associated with the participation of my child in the Renegades Overtime 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 _____