

**2024 Summer Hoops League Registration Form for Players entering as a full team**



Renegades office, 858 Street Road, Southampton, PA 18966, 215-669-8072  
Renegades Kelly Bolish Gym, 2950 Turnpike Dr., Hatboro, PA 19040  
[www.renegadesbasketball.com](http://www.renegadesbasketball.com) email: [renegadesscheduling@gmail.com](mailto:renegadesscheduling@gmail.com)

**For:** Boys and Girls 3rd\* Grade through 10<sup>th</sup> Grade (Fall 2024 Grade)\*3rd/4th division was coed in the past. There are both individual and team sign ups. All teams entering must have this form filled out for each player (10 player minimum).  
**Note:** This form is not for players entering as an individual. All individuals including Renegades players should complete the online registration form.

**NOTE: Division determined by the grade the players are entering IN THE FALL 2024.**

**When:** Beginning Monday, June 17, 2024. One game per week will be played for 8 weeks on Monday & Wednesday nights and we will add Friday & Sunday nights if necessary depending on size of league. The 9<sup>th</sup> game is the first playoff game. All teams make the playoffs which start on August 12<sup>th</sup>.

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

**Team Cost:** \$950 per team total (not less) 10 player team minimum. Full teams entering please send signed Coach Roster Form & Individual player registration forms signed by parent and **TEAM PAYMENT IN FULL (DO NOT SEND MULTIPLE CHECKS OR PAYMENTS FROM INDIVIDUAL PLAYERS)** We need an individual player form for each team member with payment.

Registration deadline – Tues, May 28, 2024. Team Checks should be made payable to: Renegades, 858 Street Road, Southampton, PA 18966

**Select League:**

(Please Circle) 3<sup>rd</sup> and 4<sup>th</sup> Grade(coed) -- 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 -- BOY or GIRL

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

ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE FALL 2024 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**ADULT SHIRT SIZE:** AS AM AL AXL AXXL (Circle one) or **Youth Shirt Size: Youth Med Youth Large**

DAD'S NAME \_\_\_\_\_ DAD'S CELL \_\_\_\_\_

MOM'S NAME \_\_\_\_\_ MOM'S CELL \_\_\_\_\_

Dad's email \_\_\_\_\_ Mom's email \_\_\_\_\_

Coach's Name \_\_\_\_\_ Team Name \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the 2024 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 or injuries and illness such as communicable diseases including COVID-19, 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 \_\_\_\_\_

