



Improvement happens in the off season

www.renegadesbasketball.com

Email: parenegades@comcast.net

Phone: 215-364-1426

RENEGADES YOUTH BASKETBALL SUMMER CAMP

Boys and Girls ages 7 - 13

July 11 – 15 at Kelly Bolish Gym

9:00am – 3:00pm

Renegades Youth Basketball Camps offers a safe, challenging, interactive learning experience for aspiring young basketball players. Our focus is on fundamental skills and player development in a teaching environment. We achieve this by providing a program of skill level instruction combined with short, controlled scrimmages and games to reinforce these concepts.

All participants will receive a Renegades Reversible Jersey, and will be evaluated and placed in age and skill level appropriate groups. Upon completion, each participant will receive an evaluation of their skills and recommendations for improvement.

Renegades provides:

- A multi-court facility located in Hatboro PA.
- Proven and effective methods for teaching basketball skills
- Experienced coaching staff in a teaching environment
- Skills designed to improve your shooting, ball handling, passing, defense and footwork, as well as your confidence and understanding of the game.
- Emphasis on sportsmanship, teamwork and building social and moral values

Renegades member: \$150.00

Non-Renegade: \$175.00



Improvement happens in the off season

www.renegadesbasketball.com

Email: parenegades@comcast.net

Phone: 215-364-1426

Complete form and mail check to Renegades Basketball, 858 Street Rd, Southampton, PA 18966. Deadline is June 18th.

Youth Summer Camp Permission Form

Player's Name: _____ Shirt size: _____

If non-Renegade and play with another club, provide AAU insurance card number _____

Date of Birth _____ Grade _____ School _____

Street Address _____

City, State, Zip: _____ Home Phone# _____

Mom's Name: _____ Dad's Name: _____

Mom's Cell # _____ Dad's Cell # _____

E-Mail Address: _____

Experience Level _____

Check Payable to: Renegades Basketball

_____ has my permission to participate in the Renegades' Youth Summer Camp. I hereby assume all risks associated with the participation of my child in this program and agree to hold harmless the Renegades, Inc. organization, their officers, coaches, and participants for any and all claims for injuries arising out of the participation in this program. All participants are required to be covered by a personal or family medical plan including hospitalization before they can participate in the program. I certify that my child is covered by such a plan. I, the undersigned do hereby grant permission to any licensed physician to perform or provide necessary medical care or aid to my child in the event that he/she is injured while playing basketball in this program. I understand the details of this form and attest to its accuracy.

(Date) _____ (Parent/Guardian Signature) _____