



**Improvement happens in the off season**

**[www.renegadesbasketball.com](http://www.renegadesbasketball.com)**

Email: [parenegades@comcast.net](mailto:parenegades@comcast.net)

Phone: 215-919-0019

## **RENEGADES YOUTH BASKETBALL SUMMER CAMPS**

**Boys and Girls ages 7 - 13**

**July 16 – 20, July 30 – Aug 3, Aug 6 – 10, Aug 20 – 24**

**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 T-Shirt.

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 cost per session: \$150.00

Non-Renegades cost per session: \$175.00

**2950 Turnpike Drive, Hatboro, PA 19040 (Kelly Bolish Gym address)  
858 Street Road, Southampton, PA 18966 (Mailing address)**



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Deadline is July 29th. Complete form and mail check to:
Renegades Basketball, 858 Street Rd, Southampton, PA 18966

2018 Youth Summer Camp Permission Form

Player's Name: \_\_\_\_\_ Shirt size: \_\_\_\_\_
(Indicate Adult or Youth)

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

Please circle camps: July 16 – 20 July 30 – Aug 3 Aug 6 – 10 Aug 20 – 24

Circle membership MEMBER \$150 NON MEMBER \$175

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ (Height must be given)

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) \_\_\_\_\_