

Fall 2014 Renegades Basketball Speed and Agility Training Program

What: Work with experienced instructors Julie Hahn, Kelsey Herrmann and Steve Flynn on ways to improve functional game movements—footwork and body mechanics to improve overall offensive and defensive productivity

Who: Boys and Girls ages (no younger) 12—18 who are looking to improve their game

When: Sessions begin on **Saturday, September 27th**, (**Sat Oct 25th is a possible day off**)
and ends on or around **Tuesday, November 18th** (depend on days off)
(16 classes—an 8-week session meeting twice a week)

Time: Tuesdays 6:30 - 7:30pm (1st Tues is Sept 30th)
Saturdays 3pm—4pm (Starts Sat Sept 27th)

Where: Kelly Bolish Gym
2950 Turnpike Drive
Hatboro, PA 19040

Cost: Renegades Members = \$175 -- Non-Renegades = \$225*

*Detach form below and mail with payment to Renegades, 858 Street Rd., Southampton, PA 18966

***If you are a Non-Renegade**, please add \$16 for AAU liability insurance fee unless you purchase on your own or thru your AAU Club and provide us with a copy of your AAU membership card to parenegades@comcast.net

Speed & Agility, Fall 2014

Player's Name: _____ Date of Birth _____ Grade _____

Street Address _____

City, State, Zip: _____ Home Phone #: _____

Mom's Name: _____ Mom's Cell # _____

Dad's Name: _____ Dad's Cell #: _____

E-mail: _____ School: _____

Referred Friends: _____

If you are a non-Renegade, do you play AAU basketball with another club and already have a 2014/15 AAU insurance card?
Yes or No (submit additional \$16.00 for AAU Insurance)

Check Payable to: Renegades 858 Street Rd., Southampton, PA 18966

_____ has my permission to participate in the Renegades' Speed and Agility Program. I hereby assume all risks associated with the participation of my child in the Renegades 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.

(Parent/Guardian Signature) _____ Date _____

IMPROVEMENT HAPPENS IN THE OFF-SEASON! GET READY FOR YOURS TODAY!!!