2018 Fall Walker Memorial League Team Roster Form 6/27/18

To enter a team: 10 player MINIMUM for all teams except 8 player MINIMUM for School HS teams. (Includes league shirts)

The maximum team cost is reduced to $1200.00 even if you have more than 10 players.

Send roster, individual player reg form, Proof of team insurance & (1 check per team please to cover all players) to: Renegades, 858 Street Rd., Southampton, PA 18966

Name of Team _____ Grade_____ Level of Team: A or B (circle one)

Please email parenegades@comcast.net and let us know if you are entering a team by July 25th along with grade and gender, so we can save a spot!

Due Date: Please send in registrations by deadline of Aug 15th, 2018 WAIT LIST LAST YEAR Circle Gender of Team: Boys or Girls

Head Coach _____ Cell _____ Email _____

Team Contact _____ Cell _____ Email _____

I, as coach of my team certify that all players have personal primary health insurance and have medical & liability insurance coverage with our School, Township, CYO, AAU or club organization. If you are a township, school, CYO or AAU team that does not have current player insurance coverage then all players and coach will need to purchase aau membership card at a cost of 16.00 which will provide the player catastrophic insurance for the period Aug 16, 2018 thru Aug 31, 2019.

All AAU coaches and players must forward by email , their AAU insurance membership card confirmation they receive from AAU to parenegades@comcast.net prior to playing in their first league game. This will be strictly enforced due to the liability issues.

GO TO: **https://play.aausports.org ,** on the right hand side select **"Create an Account".** Once you can sign in, choose "**NEW MEMBERSHIP"** then select **"Youth Athlete Membership"** for player ($16) or **"Non-Athlete Membership"** for coach **($18),** fill in all specific player or coach info and select sport **"Boys/Girls Basketball**" in the drop down for sport**.** Next, you **MUST SELECT "EXTENDED BENEFIT"** fill out the balance of the info for the person and they will be covered under the AAU supplemental insurance from 8/16/18 to 8/31/19. **This is not going to be available on the aausports.org website until Aug 16th**. This supplemental insurance covers the player/coach not only for basketball but for any sport that the player participates in during the entire year and is well worth the $16.00 per player/$18.00 per coach. _____Sign/Date Head Coach

Player's Name	Date of Birth	Grade Fall 2018	Height	Shirt Size (Adult Sizes AS,AM, AL, AXL, AXXL) Youth Sizes YS,YM,YL, YXL	School