



OCEAN RENEGADES REGISTRATION AND PERMISSION FORM

SPORT/ACTIVITY: BASKETBALL SPRING 2024

Date: _____

DIVISION: AAU/TRAVEL

Affiliation: CYO/AAU/Travel

Club Code: RSF5Y7C4

D.O.B. _____

GRADE _____

Height _____

Age _____

Provide a copy of the players birth certificate with this form. Please Print Clearly (not needed for travel/cyo)

Name _____

Address _____

City, State, Zip _____

E-mail Address (player) N/A

Players Cell: N/A

Participant's Signature: N/A

I/we realize that for my/our child, or for myself, that participation in the active, physical sport that I/he/she am/is undertaking for Renegades Basketball, can result in injuries during participation. I/we have sought the opinion of my/our child's pediatrician/physician and he/she concurs that the participant is fully capable of safely participating in this activity. I/we understand that it is my/our responsibility in caring for the participant(s) listed above and I/we are confident that he/she is fully capable of engaging in this activity. I/we further agree to hold harmless Renegades Basketball from any and all legal and financial liability connected with providing facilities for the purpose of participating in athletic and related activities. I/we, our heirs, executors, administrators and assigns waive, release and forever discharge Renegades Basketball, its coaches, assistant coaches, any and all related parties from all rights and claims for damages, injury or loss of person or property which may be sustained or occur before/during/or after participation with Renegades Basketball whether or not due to negligence. I/we take full responsibility for accidents or injury to, or caused by, my child or myself during, participation, or otherwise, while travelling to or on any premises pertaining to Renegades Basketball. **I/we hereby certify that I/we have medical insurance to cover injury to my child or myself. In the event of injury or illness**, Renegades Basketball has my permission to seek any emergency medical treatment deemed necessary for me/or my child.

Signature of Parent/Guardian (Participant is under 18 years old)

Phone: (home) _____ (optional)

Parents Cell _____ Email adress (parent) _____

Name of Policy Holder: _____

Insurance Company: _____

Policy No. _____

Herb Soletto

www.oceanrenegades.com

609-276-7390

oceanrenegades@comcast.net



Ocean Renegades will be comprised of players from Ocean and surrounding counties. The teams will be determined after tryouts. Younger players will play up if on the team. Competition will be balanced and fair for each team.

We are a minimally funded, limited sponsored team at the present time and will be responsible for the cost of uniforms, tournaments and all other costs involved with attempting to maintain our team. We may use older uniforms to avoid purchasing new.

Unless other arrangements are made at the start of the season. Uniforms or Jerseys will be provided and will belong to Ocean Renegades Basketball. Players will be expected to return the uniform upon leaving the team or at season end. Uniforms that are lost, stolen, damaged or kept will be the responsibility of the player. The cost of the uniform will be \$75.00 if it needs to be replaced or requested to be kept. Players may be asked to participate in fundraisers and attempt to seek a sponsor.

Game time is not a guarantee and will be determined by practice, attitude and game decisions. We will not carry players just to offset cost and limit your game time. A Bench of 9/10 allows a full practice compliment. If you are on the team you will play. Make every attempt to make it to practice, unless it interferes with family or school commitments.

- If you play for your respective school or travel team and have workouts, that should be considered a priority, excluding game days. All players should attend games.
- Games will require travel, potential game sites, New Jersey (all) Eastern PA, MD
- We will attempt to keep all of our tournaments within 2 hours of Ocean County

League play will be scheduled, AAU tournament schedule determined the week of. Practice will generally be 7pm-8:30pm. Dates and times may vary. Miss a practice before a game without prior notification to coach, you will not play in that game. The cost for the season has been determined, any sponsor money will be used for additional games. Total cost for our season will be team based per player and will not include an AAU membership. Payment is due upon roster formation, check payable to Ocean Renegades Basketball. Hardship or extended payments please contact myself directly. Checks preferred. First games will be determined after registration. Times TBD (pending confirmation) The primary goals for our season would be exposure to different levels of basketball, competition, learning and most of all having fun. I will not play to the scoreboard or place any expectations on our team. Little things make big things happen.

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Permission to Post Player Photos

____I give my permission for my child's photo to be published on the Ocean Renegades Basketball web site. I hereby release Ocean Renegades Basketball, from any and all liability and legal or equitable claims of any kind related to such work being published on the team web site. I understand that players may be identified by first name only.

____No, I would prefer not to have my child's photos or work shared on the Ocean Renegades web site.

Child's Name

Parent/Guardian Signature

YOUR COACH WILL PROVIDE DIRECT CONTACT INFORMATION.

ANY QUESTIONS REGARDING YOUR TEAM SHOULD BE DIRECTED TO THE HEAD COACH.