



Improvement happens in the off season

www.renegadesbasketball.com

Email: parenegades@comcast.net

Phone: 215-364-1426

Renegades offers Individual and Group Training at our facilities in Hatboro.

Our focus is on fundamental skills and player development. Our experienced coaching staff includes:

Steve Flynn- Hatboro Horsham Head Varsity

Mike Elton- Hatboro Horsham JV and Asst Varsity

Ed Pomponio- AAU

Rick Weeks- CB South JV and Asst Varsity

Individual Training

Skills designed to improve your shooting, ball handling, passing, defense and footwork, as well as your confidence and understanding of the game.

Renegades Cost: 4 Sessions - \$120.00

Non-Renegades Cost: 4 Sessions - \$180.00

Additional one hour sessions available upon completion.
\$30 for Renegades, \$45 for non-Renegades

Group Training

Skills designed to improve your shooting, ball handling, passing, defense and footwork against opponents. Customizable by skill level and/or position.

4 Sessions cost determined by size of group.

Up to 3 players: \$80 for Renegades, \$120 for non-Renegades
4 or more players: \$60 for Renegades, \$100 for non-Renegades

Contact Renegades for additional information or to schedule your training.



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Individual or Group Training Permission Form

Player's Name: _____

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 _____

Individual or Group training? _____

Check Payable to: Renegades Basketball, [or Cash]

_____ has my permission to participate in the Renegades' Individual training sessions. 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) _____