



United States of America Deaf Basketball

Regular Season and national Tournament Registration Form
 Must be postmarked no later than February 1, 2011 (No exceptions)

\$20.00 per signature

2011

Mail this form with fees to your
 regional Secretary/Treasurer

Check #: _____
 Amount \$: _____
 Date: _____
 Initials: _____

| | | | | |
|-------------------|---|----------------|---------------|-------------|
| Team Name: | Men <input type="checkbox"/> Women <input type="checkbox"/> | Region: | | |
| Coach: | Address: | City: | State: | Zip: |
| Email: | VP: | Fax: | | |

- Instructions: Each team member MUST sign his/her own name. Proxy signatures are not permitted. By signing this form you agree to the condition of the liability release and waiver form, and coaches/players code of ethics as explained on the back of this form.
- **PLEASE PRINT** and **SIGN YOUR NAME**. For the T (type) column, enter **P** = Player, **C** = Coach, **M** = Manager, **S** = Statistician, **A** = Restricted Free Agent.

| | Last | First | M.I. | # | DOB | Ht | T | Street address | Current Hometown | St | Email | Signature |
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As coach of my team, I agree to follow the Regional and USADB Bylaws: X _____ Date: _____