



United States of America Deaf Basketball

Regular Season and National Tournament Registration Form

Must be postmarked no later than **February 1, 2012**

FEES ARE NON-REFUNDABLE

2012

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:		Participating in National? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Coach:		Address:		City:		State:	
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. **PLEASE PRINT and SIGN YOUR NAME.**

➤ For the T (type) column, enter **P** = Player, **A** = Restricted Free Agent, **C** = Coach, **M** = Manager, **S** = Statistician

	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: _____

Date: _____