



2017 United States of America Deaf Basketball

National Tournament Registration Form

THIS IS A TWO PAGE FORM. BOTH PAGES ARE REQUIRED.

PLEASE PRINT CLEARLY and SIGN YOUR NAME

Rev. 09/2016

Mail this TWO PAGE form to correct address by the deadline listed in Basic Registration Guidelines

Team Name:	Men <input type="checkbox"/>	Women <input type="checkbox"/>	Region:	Participating in National? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Coach:	Address:			State:	VP:
Email:	City:			Zip:	Fax:

- Instructions: Each team member **MUST** sign his/her own name and date signed. Proxy signatures are not permitted.
- **By signing this form, you agree to the conditions of the liability release and waiver form and coaches/players code of ethics**
- For the **Type** column, enter **P** = Player; **A** = Free Agent **C** = Coach; **AC** = Assistant Coach; **M** = Manager; or **S** = Statistician.

#	Last	First	M.I.	#	Ht	Type	Signature	Date
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As coach of my team, I agree to follow the Regional and USADB Bylaws: _____ Date: _____



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	Last, First	DOB	City	St	Email	T-Shirt Size
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