



# United States of America Deaf Basketball

Regular Season and national Tournament Registration Form  
 Must be postmarked no later than February 1, 2009 (No exceptions)

**\$20.00 per signature**

**2009**

Mail this form with fees to your  
 regional Secretary/Treasurer

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

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

- 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	Maiden	First	#	Age	Ht	T	School	City	St	Email	Signature
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As coach of my team, I agree to follow the Regional and USADB Bylaws: X \_\_\_\_\_ Date: \_\_\_\_\_