

# USA DEAF BASKETBALL

International Competitive Programs Athlete Application for Consideration



## APPLICANT INFORMATION

|                  |                               |                                 |  |                              |                             |
|------------------|-------------------------------|---------------------------------|--|------------------------------|-----------------------------|
| <b>Sex</b>       | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <b>Are you a citizen of the United States?</b> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>Last Name</b> |                               |                                 | <b>First</b>                                   | <b>Middle</b>                |                             |

|                      |  |               |  |               |  |                    |  |
|----------------------|--|---------------|--|---------------|--|--------------------|--|
| <b>Date of Birth</b> |  | <b>Height</b> |  | <b>Weight</b> |  | <b>Position(s)</b> |  |
|----------------------|--|---------------|--|---------------|--|--------------------|--|

|                     |  |  |  |                         |  |
|---------------------|--|--|--|-------------------------|--|
| <b>Home Address</b> |  |  |  | <b>Apartment/Unit #</b> |  |
|---------------------|--|--|--|-------------------------|--|

|             |  |  |              |  |  |                 |  |
|-------------|--|--|--------------|--|--|-----------------|--|
| <b>City</b> |  |  | <b>State</b> |  |  | <b>Zip Code</b> |  |
|-------------|--|--|--------------|--|--|-----------------|--|

|                     |  |  |                      |  |  |  |
|---------------------|--|--|----------------------|--|--|--|
| <b>Home Phone #</b> |  |  | <b>Video Phone #</b> |  |  |  |
|---------------------|--|--|----------------------|--|--|--|

|                             |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|
| <b>Pager Address/Number</b> |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|

|                       |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|
| <b>E-Mail Address</b> |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Parents/Guardian's E-Mail Address</b> |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

## EDUCATION/COACH'S INFORMATION

|                                 |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|
| <b>Name of School (2009-10)</b> |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|

|                       |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|
| <b>School Address</b> |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|

|             |  |  |              |  |  |                 |  |
|-------------|--|--|--------------|--|--|-----------------|--|
| <b>City</b> |  |  | <b>State</b> |  |  | <b>Zip Code</b> |  |
|-------------|--|--|--------------|--|--|-----------------|--|

|                          |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|
| <b>Head Coach's Name</b> |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|

|                               |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|
| <b>Coach's E-Mail Address</b> |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|

|                        |  |  |              |  |  |  |
|------------------------|--|--|--------------|--|--|--|
| <b>Coach's Phone #</b> |  |  | <b>Fax #</b> |  |  |  |
|------------------------|--|--|--------------|--|--|--|

## AWARDS/ACCOMPLISHMENTS

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*I certify that I am eligible and will participate, if selected, to compete on a USA Basketball team. As a candidate for participation, I agree to adhere to the policies and procedures established by USA Deaf Sports Federation and respective coaching staffs. I agree to wear the equipment (including athletic shoes) provided by USA Basketball. Also, I understand that as a participant in this program, I am subject to drug testing and acknowledge that testing will be done during the course of trials, training camp and/or competition. Player participation on a USA Basketball team is by invitation only, but all interested players are encouraged to complete this form for consideration and are required to pay \$20 for USADB membership fee.*

|                             |  |              |  |
|-----------------------------|--|--------------|--|
| <b>Athlete's Signature:</b> |  | <b>Date:</b> |  |
|-----------------------------|--|--------------|--|

This form should be returned to USA Deaf Basketball via e-mail to [international@usadb.us](mailto:international@usadb.us)

USA Deaf Basketball  
 Attention: David Hamilton  
 18843 Whitewater Way  
 Riverside, California 92508  
 Fax: (951) 782-4910