



2014 United States of America Deaf Basketball

Regular Season and National Tournament Registration Form

Must be postmarked no later than **February 1, 2014**

PLEASE PRINT CLEARLY and SIGN YOUR NAME.

Rev. 10/2013

Mail this form, and all individual member forms, to your regional Secretary/Treasurer

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. 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
- 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
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15							

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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