New England Athletic Association of the Deaf

BASKETBALL TEAM REGISTRATION AND WAIVER FORM - YEAR 2023

Deadline by February 25, 2023 (postmarked)

NAME OF TEAM: _____

☐ **WOMEN** **COACH'S VP NBR** _____ **(optional)**

☐ **MEN** **COACH'S VP NBR** _____ **(optional)**

Each Team member MUST sign his/her own name and date. Proxy signature will not accepted. By signing this registration form, I also agree to the condition of the waiver form on the back page of this document. I agree to observe all rules and regulations as prescribed by NEAAD on eligibility of players. See the rules of NEAAD.

Please Print Clearly

CODE (ENTER P = PLAYER, C = COACH, M = MANAGER, S = STATISTICIAN, FA = RESTRICTED FREE AGENT)

	Last	First	Jersey #	Age	Height	Code	City	State	Email Address	Signature	Date
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											