



CAAD

CENTRAL ATHLETIC ASSOCIATION OF THE DEAF BASKETBALL REGISTRATION TEAM AND WAIVER FORM

INSTRUCTION FOR COMPLETING FORM: Please **PRINT** or **TYPE** all information clearly. Each Team member **MUST** sign his/her own name and date. Proxy signature will not be tolerated. By signing this registration form, I also agree to the condition of the waiver form on the last page of this document. I agree to observe all rules and regulations as prescribed by CAAD on eligibility of players. See the Athletic Eligibility Rules of the CAAD Rules and Regulations.

NAME OF THE TEAM: _____ Women Men Secretary/Treasurer Initial: **BRS/NM 2023** YEAR: **2023**

	#	Last Name	First Name	E-mail Address	School	Residence City/State	Code	Age	Signature	Date
1.										
2.										
3.										
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13.										
14.										
15.										

For CODA only: One or both CODA parent are deaf or hard of hearing. Present Birth Certification with both parents name on it, if needed. Must sign a Sworn Statement below on CAAD Registration Form that the rules of CODA is followed. If a CODA gave a false statement, s/he will be banned from CAAD indefinitely.

SWORN STATEMENT for ONLY CODA Player: I, _____, have read above or have had read to me that I fully understand and meet the eligible CODA shown in the whole of the **2023 Team Guideline. I swear under the oath I am a CODA.**

CODA Player's Signature: _____ Coach's Signature: _____

SWORN STATEMENT for ONLY CODA Player: I, _____, have read above or have had read to me that I fully understand and meet the eligible CODA shown in the whole of the **2023 Team Guideline. I swear under the oath I am a CODA.**

CODA Player's Signature: _____ Coach's Signature: _____