

Central Athletic Association of the Deaf

2023

For Office Use Only (2013)

\$ ___ Per Team: ___ Received: ___

COED Men Women Team Registration Form

Team Name: _____ Secretary/Treasurer Initial: _____ Year: _____

Coach/Manager (must be on roster): _____ Email: _____ VP: _____

Instruction for Completing Form: Please PRINT all information clearly. Each Team member (including coach/manager) MUST sign his/her own name and date. Proxy signatures will be not accepted. See the Athletic Eligibility Rules of the CAAD Rules and Regulations. Parent/Guardian of minors are required to sign on second page. By signing this registration form, I also agree to the condition on the waive form on the back of this document. I agree to observe all the rules and regulations as prescribed by CAAD opn team and Player eligibility.

CODA/SODA/Spouse/same sex Partner place an asterick next to name.

Free Agent(s) place a circle in the jersey column. Coach/Manager place a square in the jersey column.

Jersey	Last Name	First Name	Email Address	City/State	Age	Signature	Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							