



Eastern Athletic Association of the Deaf, Inc.

Regular Season and Regional Tournament Registration Form
Must be postmarked no later than February 3rd, 2016 (No exceptions)

2015-16

Mail this form with fees to your Regional Secretary/Treasurer

Check #: _____
Amount \$: _____
Date: _____
Initials: _____

| | | | | |
|------------|---|---------|--------|------|
| Team Name: | Men <input type="checkbox"/> Women <input type="checkbox"/> | Region: | | |
| Coach: | Address: | City: | State: | Zip: |
| Email: | VP: | 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 as explained on the back of this form.
- **PLEASE PRINT** and **SIGN YOUR NAME**. For the T (type) column, enter **P** = Player, **C** = Coach, **M** = Manager, **S** = Statistician, **A** = Restricted Free Agent.

| | Last | First | M.I. | # | DOB | Ht | T | Street address | Current Hometown | St | Email | Signature |
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