

Midwest Athletic Association of the Deaf 2017 Softball Tournament in Columbus, NE

For MAAD Office Use Only
\$300 per team
Date Rec'd: _____ CK #: _____

Mail this form and money to MAAD Treasurer by **Monday, June 19, 2017**

*****CLUB MEMBERS *****

Team Name: _____ Men Women COED

Manager's Name: _____ E-mail: _____ VP#: _____
(name must be on roster)

- 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 statement and coaches/players code of ethics.
- By signing this form, you agree to observe all the rules & regulations and guidelines as prescribed by MAAD on Player's Eligibility
- Type column:** P = Player; A = Free Agent; M = Manager; C = Coach; S = Statistician; H = CODA, SODA or Spouse/Partner of Deaf Player
- Only for COED team:** M/F column - Male or Female

Jersey	Team Member's Name (PLEASE PRINT)	Age	Type	M/F	High School Only	Residence City/State	Signature
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