






Midwest Athletic Association of the D

2019 Softball Tournament in Lee's Summit, MO

Mail this form and money to MAAD Treasurer (See MAAD worksheet) by
*****CLUB MEMBERS *****

Team Name: _____

Manager's Name: _____ E-mail: _____
(Names 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 c
-  By signing this form, you agree to observe all the rules & regulations and guidelines as prescribed b
-  **Type column:** P = Player; A = Free Agent; M = Manager; C = Coach; S = Statistician; H = CODA, SODA
-  **Only for COED team:** M/F column - Male or Female

Jersey	Team Member's Name (PLEASE PRINT)	Age	Type	M/F	High School Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

As coach of my team, I have agreed to follow the MAAD's Bylaws and Code of Ethics: _____



For MAAD Office Use Only
 \$300 per team/\$20 USSSA Fee
 Date Rec'd: _____ CK #: _____

July 31, 2019

Men Women COED

_____ VP#: _____

I, _____
 coaches/players code of ethics.
 certify MAAD on Player's Eligibility
 for Spouse/Partner of Deaf Player

Residence City/State	Signature

_____ Date: _____