



National Softball Association of the Deaf, Inc.

TEAM REPLACEMENT PLAYERS FORM

Year 2010

NAME OF TEAM _____ Men 's Women's Region _____ Regional Secretary's Initials _____

INSTRUCTIONS FOR COMPLETING FORM

Each Team member MUST sign his/her own name and date. Proxy signatures will not be accepted. **By signing this registration form, I also agree to the conditions of the waiver form on the back page of this document.** I agree to observe all rules and regulations as prescribed by NSAD on eligibility of players. See the Athletic Eligibility Rules of the NSAD Rules and Regulations.

PARENTS/GUARDIANS OF MINORS SIGN ON SECOND PAGE:

IT IS FOR ONLY TEAM WHO HAS LESS THAN 12 PLAYERS AT NSAD TOURNEY

ADDITIONAL PLAYERS

#	Print or type, please LAST NAME	FIRST NAME	EMAIL ADDRESS	CITY	ST	AGE	SIGNATURE	DATE	
	NO								
1									
2									
3									

COACH'S VP NUMBER: _____

FAX NUMBER: _____

E-MAIL: _____