National Softball Association of the Deaf

For Office Use Only (2013)
$125 Per Team: ___Received: ___

COED TEAM REGISTRATION FORM

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

COACH/MANAGER (must be on roster): _____ E-mail: _____ VP: _____

INSTRUCTIONS FOR COMPLETING FORM: Please PRINT or TYPE 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 NSAD Rules and Regulations. Parents/Guardians of minors are required to sign on second page. ***By signing this registration form, I also agree to the conditions on the waiver form on the back page of this document. I agree to observe all the rules and regulations as prescribed by NSAD on 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	City/State	Age	Signature	Date
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