



Midwest Athletic Association of the Deaf 2020 Basketball Tournament in Shawnee, Kansas *Open (Men's) Tournament Team Form*


Mail this form and payment to MAAD Treasurer (see MAAD worksheet) by February 1, 2020.

CLUB MEMBER TEAM INDEPENDENT TEAM

Team Name: _____

 **Instructions:** Each team participant **MUST** check in at Registration table in Shawnee, KS to sign his/her own name at the tournament. Proxy signatures are not permitted. Players will need to sign in at registration to acknowledge the condition of the liability release, waiver statement, coaches/players code of ethics, and to agree to observe all the rules & regulations and guidelines as prescribed by MAAD on Player's Eligibility.

 **MAAD Delegates voted Maiden Name addition:** If a participant changed his/her last name since last playing in MAAD, they may input their maiden name. This helps with tracking for MAAD Hall of Fame. This input is not required.

 **Month and Year for Date of Birth is required:** this will be used to identify different people who have the same name. (MAAD Delegates voted to remove High School input and use this DOB.)

"Type" column: **HC** = Head Coach; **AC** = Asst. Coach; **FA** = Free Agent; **P** = Deaf Midwest Player; **S** = Statistician

Jersey Number	Full Legal Name (First then Last name) Please print neatly	Maiden Last Name	Type	Date of Birth (MM/YY)	Residence City, State
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Head Coach Email Address: _____

Head Coach VP#: _____

For MAAD Treasurer's Use Only: Received Date: _____ Amount: \$ _____ <input type="checkbox"/> Check or <input type="checkbox"/> MO # _____
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