

Midwest Athletic Association of the Deaf

2020 Basketball Tournament in Shawnee, Kansas

Women'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 is 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; **H** = CODA

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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