



NAME OF TEAM _____

YEAR 2012

BASKETBALL TEAM REGISTRATION AND WAIVER FORM

MEN

Women

INSTRUCTION FOR COMPLETING FORM

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

Must Print Clear or Type this form

#	No. Jersey	Last Name	First Name	E-mail Address	School	City	State	Age	Signature	Date
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Coach's VP NUMBER _____

E-MAIL ADDRESS _____

TOTAL NUMBER OF PLAYERS: _____