



CENTRAL ATHLETIC ASSOCIATION OF THE DEAF BASKETBALL REGISTRATION TEAM AND WAIVER FORM

INSTRUCTION FOR COMPLETING FORM: Please **PRINT** or **TYPE** all information clearly. 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 last 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.

NAME OF THE TEAM: _____ ☐ Women ☐ Men Secretary/Treasurer Initial: BRS/NM 2020 YEAR: 2020

	#	Last Name	First Name	E-mail Address	School	Residence City/State	Code	Age	Signature	Date
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
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13.										
14.										
15.										

For CODA only: One or both CODA parent are deaf or hard of hearing. Present Birth Certification with both parents name on it, if needed. Must sign a Sworn Statement below on CAAD Registration Form that the rules of CODA is followed. If a CODA gave a false statement, s/he will be banned from CAAD indefinitely.

SWORN STATEMENT for ONLY CODA Player: I, _____, have read above or have had read to me that I fully understand and meet the eligible CODA shown in the whole of the **2020 Team Guideline**. I swear under the oath I am a CODA.

CODA Player's Signature: _____ Coach's Signature: _____

SWORN STATEMENT for ONLY CODA Player: I, _____, have read above or have had read to me that I fully understand and meet the eligible CODA shown in the whole of the **2020 Team Guideline**. I swear under the oath I am a CODA.

CODA Player's Signature: _____ Coach's Signature: _____

NOTICE TO EVERY TEAM MEMBER AND PARENT/GUARDIAN OF MINOR(S) ON TEAM

Read this form **FIRST** before signing

ATHLETIC LIABILITY RELEASE AND WAIVER FORM

In consideration of being allowed to participate in any way in the Central Athletic Association of the Deaf (CAAD), and its affiliated organizations and member clubs athletic/sport programs, and related activities and events, we, the undersigned participants on this document:

- 1) Agree that prior to participating, I should inspect the facilities and equipment to be used, and if I believe anything is unsafe, I should immediately advise my coach or manager of such conditions and refuse to participate.
- 2) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe personal and/or economic losses, which result from not only their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, there may be unanticipated or unexpected risks, which may arise during such activities.
- 3) Assume all of **the risks of injury to my person and property** that may be sustained in connection with the stated and associated activities and accept person responsibility for the damages following such injury, permanent disability or death.
- 4) Release, waive, discharge and covenant not to sue the Central Athletic Association of the Deaf (CAAD), its affiliated clubs and organizations, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", and from any and all liability to me, my heirs, next of kin, administrators and assigns for any and all claims, demands, actions and causes of action of any sort of losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or any other fault.
- 5) **Represent and certify that I, the participant, am over 18 years of age, or if I am under the age of 18 years, I do represent and certify that I have the permission of my parent/parents and/or guardians to participate in the stated activities, that they have full knowledge thereof, and that they join me in waiving my rights against the releases, as evidenced by their signatures below.**
- 6) Certify that my participation in the stated activities is voluntary, that I am not in any way, the employee, servant or agent of the owners, operators, or sponsors of the premises and the activities herein.
- 7) **Agree that the terms of this liability release shall be construed according to the laws of State of Illinois.**

MINOR'S FIRST & LAST NAMES (PRINT), AGE, PARENT'S/GUARDIAN'S SIGNATURE and DATE:

	Last Name	First Name	Age:	Parent's/Guardian's signature	Date
1.					
2.					
3.					