



SPORTS for Exceptional Athletes



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Team Registration Form

Tournament: **Basketball**

Date: **Sat Mar 18, 2023** Location: **Park de la Cruz & Mid-City Gym**

Send Team Registration Form to:
SPORTS for Exceptional Athletes
8380 Vickers St Suite E
San Diego, CA 92111
Phone: 858-565-7432
Fax: 858-496-7309
Email: sds4ea@gmail.com
Website: www.s4ea.org

Enclosed is \$ _____ Team Registration Fee of \$10 per athlete

Team Name _____ Ability _____ Sport/Colors _____ Email _____

Manager's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ St _____ Zip _____

Visiting team members (athletes, coaches & other volunteers) have read & agree to the risks outlined in the Waiver of Liability COVID-19 Form & S4EA Release Form. To help stop the spread of COVID-19, S4EA would like everyone participating in S4EA activities to have been vaccinated.

*Please place a * by inclusive athletes without disabilities.*

Signature – Athletes	Name (Please Print)	Sport	Team # / Ability Level	Vaccine Date(s)	Vaccine Brand
Signature – Coaches/Other Vols					