

# ECLIPSE SELECT SOCCER



The National Sports Center for the Disabled's Soccer Ability League is scheduled to begin our 2010 Spring Soccer season in Chicago. Register NOW!!!!

**What:** The NSCD through a partnership with US Paralympics, Great Lakes Adaptive Sports Association and Eclipse Soccer has established the Chicago Soccer Ability League serving youth with physical challenges. This program is the first of its kind serving and developing athletes that are Paralympic eligible in the sport of soccer. Participants will receive top level coaching from Eclipse Soccer and will have the opportunity to scrimmage against other able-bodied club teams.

**Who:** Boys and girls ages 6-18 (+/-) with a physical disability such as Cerebral Palsy, Traumatic Brain Injury, Spina Bifida, Muscle Disorder, Stroke and more!

**Where:** Libertyville, IL and Evanston, IL

**When:** Beginning May 8<sup>th</sup> thru June 5<sup>th</sup>

**Cost:** Season registration cost is 45.00 (\* *Scholarships are available based on financial need, please complete the scholarship form if needed*)

**How do I register?** Complete this registration form along with payment and mail to NSCD, Attn: Scott Dameron, Invesco Field @ Mile High, 1801 Bryant St. #1500 Denver, CO 80204 or fax to 303.293.5448. For any further inquiries or questions please call Scott Dameron, National Programs Coordinator @ 303-293-5310 or e-mail at [sdameron@nscd.org](mailto:sdameron@nscd.org) or contact Sarah Uyenishi, program coach at [sarah.uyenishi@gmail.com](mailto:sarah.uyenishi@gmail.com)



## Player Registration

Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

Jersey/T-Shirt size: Adult  Youth  S  M  L  XL

*(team jerseys to be donated by Adidas)*

## Releases and Waivers:

As the parent or guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly authorized Doctor of Medicine, Doctor of Dentistry, Emergency Medical Technician, or Certified Athletic Trainer. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, the parent/guardian of the participant, a minor, agree that I and the participant will abide by the rules of the assigned Soccer Club, IYSA and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for this Soccer Club accepting the participant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the NSCD, Eclipse Soccer, GLASA and Evanston Township High School and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the participant as a result of the participant's participation in the programs. I further agree that the only obligation created with this Soccer Club is to coordinate with the NSCD the placement of the registrant on a team and that the registration fees are non-refundable.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## 2010 NSCD Spring Soccer Registration \$45.00

We accept all credit cards including debit cards: Visa  MC  Discover  Amex

Account #     /     /     /

Exp Date   /

Name as it appears on card: \_\_\_\_\_

Included Check # \_\_\_\_\_ Cash: \_\_\_\_\_

Scholarship Requested : \_\_\_\_\_ Yes \_\_\_\_\_ No