



The National Sports Center for the Disabled Soccer Development League is scheduled to begin our 2008 spring soccer season in Chicago. Register NOW!!!! The NSCD through a partnership with US Paralympics, Great Lakes Adaptive Sports Association and local USYSA soccer clubs has established a soccer league for children with physical disabilities who are ambulatory.

What: Soccer Development league for children 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 local USYSA club soccer teams.

Who: Boys and girls ages 8-18 (+/-) with a physical disability such as Cerebral Palsy, Traumatic Brain Injury, Spina Bifida, Muscle Disorder, Stroke and more

Where: 4 teams available

- **Eclipse Soccer North – Libertyville, IL**
Libertyville Township Soccer Complex
- **Team Evanston – Evanston, IL**
James Park
- **Hanson Park SC – Hanson Park, IL**
Hansen Park Elementary School
- **Eclipse Soccer South – Geneva, IL**
Good Templar Park

When: Beginning mid April thru mid June. Schedule to follow after registration.

Cost: Season registration cost is 75.00 (* *Scholarships are available based on financial need*)

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**. For any further inquiries or questions please call Scott Dameron, National Programs Coordinator @ 1-800-289-2071 or e-mail at sdameron@nscd.org



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: _____

Preferred Club Location/Team _____

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

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, assigned Soccer Club 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 _____

NSCD Spring 2008 Registration \$75.00

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