

# San Diego Soccer Ability League

The National Sports Center for the Disabled Soccer Development League is scheduled to begin our spring soccer league in San Diego. Register NOW!!!!

The NSCD through a partnership with local 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 club soccer teams.

**Who:** Boys and girls ages 7-18 (+/-) with a physical disability such as Cerebral Palsy, Traumatic Brain Injury, Stroke, Spina Bifida, or Muscle Disorder.

**Where:** 2 practice locations available  
**Rancho Bernardo- North TBD**  
**Chula Vista Ranges- Voyager Park: Tues 5:30-6:30**  
**\*Games will be every Sunday at the War Memorial Building at 3:00pm**

**When:** Spring Academy Season begins April 21-June 1 (subject to change)

**Directions:** The War Memorial Building is located at the north end of Balboa Park at Park Boulevard and Zoo Drive, across from Roosevelt Middle School. Take Hwy 163 South to Park Blvd Exit. Turn left at Park Blvd the continue to the San Diego Zoo. Street parking available on Zoo Drive, Park Blvd., or in the north end of the Zoo's parking lot.

**Cost:** Registration is \$55.00 (\* *Scholarships are available based on financial need.*)

**How do I register?** Complete the registration form below along with payment. For any further inquiries or questions please call Kati Bohall @ 303-293-5308 or e-mail at [kbohall@nscd.org](mailto:kbohall@nscd.org)

Mail: NSCD. 1801 Bryant St #1500. Denver, CO 80215

## Player Registration

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

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

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

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

Email: \_\_\_\_\_ (please include for all game/practice

changes will be communicated through email)

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

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

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

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

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

Preferred Club Location \_\_\_\_\_

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 \$55.00

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

Account #     /     /

Exp Date   /

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

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

