

Denver Soccer Ability League

The National Sports Center for the Disabled Soccer Development League is scheduled to begin our 2010 spring soccer league in Denver!
 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 in the sport of soccer. Participants will receive top level coaching from local club soccer teams.

Who: Boys and girls ages 6-18 (+/-) with any ambulatory, physical disability such as Cerebral Palsy, Traumatic Brain Injury, Stroke, Spina Bifida, Amputation, Muscle Disorder and more.
** players must be able to walk and/or run without the use of assistive devices.*

Where: 4 club team locations are available throughout the Denver metro area for practices and games.
Arvada Edge – Arvada, CO
Colorado Rush – Littleton, CO
Colorado Storm – Denver, CO
Colorado Fusion- Aurora, CO

When: Spring Season will begin April 17th and will end on May 23rd. Practices will be held mid-week and games on Saturday's.

Cost: Registration is \$45.00 (** Scholarships are available based on financial need, must request and complete a Scholarship application.*)
 * Jersey tops are also included in the registration fee!

How do I register? Complete the registration form below along with payment. For any further inquiries or questions please call Scott Dameron @ 303-293-5310 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 _____
 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, CYSA 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 2010 Registration \$45.00

Please send to: 1801 Bryant St #1500 Denver, CO 80204

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

Account # / /

Exp Date /

Name as it appears on card: _____

Check # _____ Cash: _____