

# NSCD San Diego Select Team

## Spring 2009 Registration

**What:** Athletes in the San Diego Select Team receive top level coaching in the sport of soccer. Athletes are focused on more technical training. Exhibitions will be played against able bodied USYSA recreational teams with comparable ability levels.

**Who:** Athletes with a physical disability such as **Cerebral Palsy, Traumatic Brain Injury, Stroke, Spina Bifida, Amputation, or Muscle Disorder** who are looking for more competitive play and higher level of dedication.

**Where:** Practice 1x per week on Sunday at Balboa Park next to War Memorial Building from 3-4pm- Games to be set up during the week against other recreation teams: Rangers and FC San Diego.

**Coach:** Damien Quinn

**When:** Spring Season starts April 6-May 22, 2009

**Cost:** Registration is \$85.00 (\* *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). Checks can be made out to the National Sports Center for the Disabled

## 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: \_\_\_\_\_

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 2009 Registration \$85.00

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

Account #     /     /

Exp Date   /

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

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

**Mail to:** NSCD, 1801 Bryant St., #1500, Denver, CO 80204

**Or fax to: 303.293.5448**

For more information, call 303.293.5308

