



## NSC ADAPTIVE DIVISION APPLICATION

### Kick or Treat 5v5 Halloween Tournament

#### Event Description

Participate in this one-day tournament and show off your skills! Individual registration – \$38/player. Team placement, coaches, and pinnies will be provided. This tournament is played with 4 field players and 1 goalkeeper. Player fee includes a 3-game guarantee (games are 40-min. /20 min. halves) and is World Cup group play style with the top 2 teams advancing the Championship. Two different divisions will be offered. Depending on total number of teams in identified age divisions, the tournament may combine age divisions and/or break out competitive levels.

#### Eligibility

The Kick or Treat adaptive divisions are designed to provide a safe, yet competitive environment for participants with intellectual disabilities. Participants in these divisions have had introductory experience playing soccer and are generally familiar with competitive game or scrimmage playing rules.

Middle School Adapted Division (11-14 yrs. old)

High School Adapted Division (14-18 yrs. old)

#### Playing Environment

All games will be played at the National Sports Center in the NSC Sports Hall Facility. This facility has 3 small-sided, artificial turf fields being used throughout the event. Adaptive division games will be on the west end of the facility on Field C, allowing one side of the field to be free of other game activity as well as close to the entrance. Participants can expect crowd and game noise from other fields to be heard throughout the facility.

#### Application Process

1. Complete the informational form below and submit to Tournament Director.
2. Parent/guardian will be notified when the player has been accepted into the event and placed on a team.
3. Parent/guardian will receive information to pay the player fee for the event (\$38/player) and complete the player waiver (online or in-person).

#### Player Information

Name: \_\_\_\_\_

Age:      Birth date:    /    /      Shirt Size:                      Division Applying For:

Additional/Important Information on the Athlete:

Teammate Request. *Friend playing in the event and want to be on their team?*

*Please list their name(s) here:* \_\_\_\_\_



**Parent/Guardian Information**

Name: \_\_\_\_\_ Phone Number:

Email Address:

Please submit completed application to [Logan Halvorson \(Tournament Director\)](#).