



Elite Player Development Program

A better alternative for the selected few

For Program Details, visit

http://www.nationalsocceracademy.com/?page_id=2710

NSA is holding tryouts to select players to join the EPDP.

Spring Semester begins Feb 15, 2015

EPDP training will be held in the greater Sacramento area.

Where & When:

December 21: 2:00 - 4:00 at Mather Sports Center ([3755 Schriever Ave, Mather, CA 95655](#))

Jan 25 2015 3:30 - 4:30pm Field inside the Track at Buljan Middle School

100 Hallissy Drive Roseville, CA 95678-

Who : For serious soccer players, boys and girls U13, U12, U11.

Cost : 10.00 per session

Online Registration and Payment at www.nationalsocceracademy.org

- Players must come to the session DRESSED READY TO PLAY.
- Each session will consist of fun exercises and scrimmages conducive to players showing their abilities.
- Decision may be made after observing your player for one session.



The EPDP program is for a small group of like minded players who have passion to learn and families who wish to have a better alternative for their children's development.

Information meeting will be held at the field.



Contact:

Fred Hsu 530-400-1903 nsaguru@gmail.com

Director of NSA; USSF "A" License, National Youth License, Brazilian Coaching License

Roy Rodriguez Registrar, 916-714-6690 nsaregistrar.rrrod@gmail.com

Phil Ruehl Field Coordinator, 916-934-3707 phillruehl@gmail.com

NATIONAL SOCCER ACADEMY

A 501 (C) (3) non profit Corporation, Davis, CA 95616

E-mail: info@nsasoccer.org website: www.nationalsocceracademy.org



Date: _____ **NSA Member Registration Form** Birthday _____

Last name _____ First name _____ male _____ female _____

Email: _____ Cell Phone: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parents/Guardian names: _____ E-mail _____

List any Medical Problem or prohibition player has _____

Person to notify in emergency _____ Phone _____

Physician to notify in emergency _____ Phone _____

HEALTH & ACCIDENT INSURANCE PROVIDER _____

Number of years played _____ Last team _____ Last League _____

I, _____, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the National Soccer Academy (NSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for NSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify NSA, its affiliated organizations and sponsors, their directors, employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I also certify that my child is covered by primary health insurance for all injuries that may result from the "PROGRAMS". I acknowledge that NSA does not provide health and accident insurance for participants in any of its "PROGRAMS".

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian of the above-named registrant, I hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my dependent.

NAME _____ Signature: _____

Parent/legal Guardian (Please Print)

Occupation: _____



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