

Thelo United Futbol has formed a strategic partnership with the **National Soccer Academy** to provide International Soccer Tour opportunities for serious players in Oregon.



NSA IS CONDUCTING TRYOUTS FOR THE 22ND ANNUAL NSA EUROTOUR TEAMS

- When:** Dec 16, 2013 Mon, 6 to 9 pm
- Where:** Alder Creek Middle School
13801 Southeast Webster Road,
Milwaukie, OR 97267
- Who:** Boys born 1998 to 2003
Girls born 1996 to 2003
- Players:** Come to the session ***dressed ready to play!***
- Coaches:** Please recommend players whom you believe can benefit from the International Tour Experience. They will come back to your team more experienced.

Cost for the session: **\$35.00**

Online Registration and Payment
at www.nationalsocceracademy.org

The session will consist of fun exercises conducive to players showing their abilities. Eurotour 2014 information meeting to be held at the field.

About the National Soccer Academy:

NSA's focus is on Youth Development. Since 1992, NSA has selected, trained and led over 2000 players and supporters on tour to compete in major International tournaments in Scandinavia, South America and the United States. To the credit of NSA players and coaches, after learning the NSA STYLE and the philosophy, players have consistently stepped up to the competition, as evidence by the many championships they have won. For 2014, NSA is selecting serious players to compete in major International Tournaments and experience the time of their lives.

The 2014 tour will be from July 5 2014 till July 27 2014.
Visit Iceland, Sweden, Denmark!!



CONTACTS:

Fred Hsu Director of NSA. USSF "A" License, National Youth License, Brazilian Coaching License
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NSA Member Registration Form

Date: _____ 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: _____

NATIONAL SOCCER ACADEMY

A 501 (C) (3) non profit Corporation

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