

Soccer Training

Participants will be considered for invitation to join the NSA EUROTOUR 2018
Saturday Dec 23, 2017 10am – 1pm

Instructors: Carlos Basso and Fred Hsu



Patricia Birdsall Sports Complex, 32380 Deer Hollow Way Temecula, CA 92592

For Girls born 2000- 2008; Boys born 2003-2008





Cost: 50.00 (includes NSA training shirt that retails for 20-)

REGISTER NOW at www.nationalsocceracademy.com

Contact: Carlos Basso carlosbasso14@gmail.com 858-7614205

	<p>Fred Hsu USSF A License, Brazilian Coaching License, USSF National Youth License Director of Coaching Diploma</p> <p>nsaguru@gmail.com 530-400-1903</p>		<p>Carlos Basso CBF Brazilian National A License, Cal South Coaching Licenses, USFF State Futsal licenses</p> <p>carlosbasso14@gmail.com 858-761-4205</p>
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NSA is selecting high level soccer players to join tournament teams to compete in two major International events and experience the time of their lives.

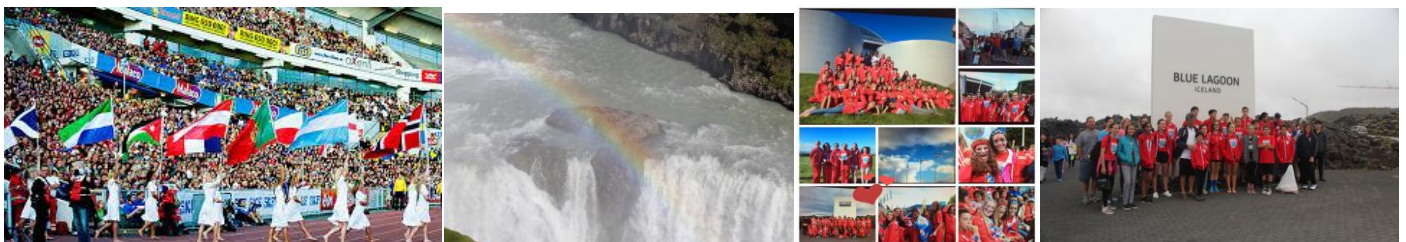
<p>NSA Scandinavian Tour July 9 to July 29, 2018</p> 	 <p>Week 1: Sightseeing in Iceland and Intense Training Camp at the beautiful Sport Center in Hjorring.</p> <p>ICELAND / DENMARK</p>	 <p>Week 2: The most prestigious youth soccer tournament in the world. Over 1,700 teams from 85 nations.</p> <p>Gothenburg, Sweden</p>	 <p>Week 3: The best youth soccer tournament in Denmark. Over 1,100 teams from 45 nations.</p> <p>Hjorring, Denmark</p>
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Review Details and Register at www.nationalsocceracademy.com



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.



Date: _____ NSA Medical Release 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 Club _____

Have you reviewed the information regarding the EUROTOUR on the website? YES___ NO___

If selected, are you willing and able to support your child on this adventure? YES___ NO___

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: _____