



**Serious Players: Come to the NSA training/tryout sessions for the 23<sup>rd</sup> annual NSA Eurotour teams for boys and girls born 1998 to 2003**



**Training/tryout Sessions are open to all serious players regardless of club affiliation.**  
**We are now selecting players for the 23<sup>rd</sup> annual International tour in 2015.**

**next Training/tryout date: June 28, 2014, Saturday, 10:30 - 12:00**  
**Location: Sycamore Park 25101 Charlinda Drive mission Viejo CA**

Please visit [http://www.nationalsocceracademy.com/?page\\_id=3618](http://www.nationalsocceracademy.com/?page_id=3618) for more details  
This is a major commitment so come with questions.

**Coaches : Please recommend players whom you believe can benefit from the International Soccer Tour Experience to explore what NSA offers. They will return more experienced.**

**Cost per Training/tryout session: \$35.00**  
**Online Registration and Payment at [www.nationalsocceracademy.org](http://www.nationalsocceracademy.org) or register at the field.**

The session will consist of fun exercises conducive to players showing their abilities.  
**Players must come to the session DRESSED READY TO PLAY.**

#### **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 2015 tour will be from July 4 2015 till July 26 2015.**  
**Visit Iceland, Sweden, Denmark !**

- 1. Week #1: sightseeing trip, Iceland, followed by the Intense Training week, Teams will be entered into Cup NO 1.**
- 2. Week #2: Gothia Cup week (1600 teams from 70 nations)**
- 3. Week #3: Dana Cup week (950 teams from 45 nations)**

note: the 22<sup>nd</sup> annual NSA EUROTOUR 2014 promises to be another great soccer and cultural exchange tour with over 90 players from USA, Denmark, Sweden, Belgium Russia, Germany plus their supporters.



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: \_\_\_\_\_

	<p align="center"><b>NATIONAL SOCCER ACADEMY</b></p> <p align="center">A 501 (C ) (3) non profit Corporation Davis, CA 95616</p> <p>E-mail: <a href="mailto:nsaguru@gmail.com">nsaguru@gmail.com</a> website: <a href="http://www.nationalsocceracademy.org">www.nationalsocceracademy.org</a></p>
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