

# NSA International Tournament Teams Tryout Is Coming to Auburn, WA!

The National Soccer Academy provides International Soccer Tour opportunities for **Serious Players** in the West Coast and Pacific Northwest.

*Training/tryout sessions are open to all players regardless of club affiliation.*



## NSA IS CONDUCTING TRYOUTS FOR THE 2015 NSA EUROTOUR TEAMS!

**WHEN:** SUNDAY, NOV 16<sup>TH</sup> // FROM 2-5PM

**Where:** 3030 R ST SE  
Auburn WA 98002

**Who:** Boys and Girls born 1998 to 2004

**Players:** Come to the session ***dressed ready to play!***

### Coaches/Managers:

Please recommend players whom you believe can benefit from the International Tour Experience. They will come back to your team more experienced.

If you wish to host an NSA International Tournament Teams tryout session in your area, contact Coach Fred at [nsaguru@gmail.com](mailto:nsaguru@gmail.com).

**Cost for the session:**

**\$40.00**

Online Registration and Payment  
at [www.nationalsocceracademy.org](http://www.nationalsocceracademy.org)

The session will consist of fun exercises conducive to players showing their abilities. Eurotour 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 2015, NSA is selecting serious players to compete in major International Tournaments and experience the time of their lives.

*The 2015 EuroTour will be from July 1-26, visiting Iceland, Sweden and Denmark!  
More tour information to come soon.*

**CONTACTS:**

**Fred Hsu**

Director of NSA. USSF "A" License, National Youth License, Brazilian Coaching License  
**530-400-1903** | [nsaguru@gmail.com](mailto:nsaguru@gmail.com)

**James Lawrie**

**503-380-2438** | [jamie@jamesyounglawrie.com](mailto:jamie@jamesyounglawrie.com)

**John Gustafson**

[lostplay@comcast.net](mailto:lostplay@comcast.net)



# NSA Member Registration Form

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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: \_\_\_\_\_

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**NATIONAL SOCCER ACADEMY**

A 501 (C ) (3) non profit Corporation

Davis, CA 95616

E-mail: [nsaguru@gmail.com](mailto:nsaguru@gmail.com) | website: [www.nationalsocceracademy.org](http://www.nationalsocceracademy.org)

