



The 25th Annual NSA International Soccer Tours (2017) Selection Tryouts/Interviews coming to SoCal

Youth Soccer should be a memorable experience!!

The NSA International Tours provide dedicated players with an experience of a lifetime.

Come join the excitement. Sunday 09/25/2016 4:00 – 6:00pm

Azusa Pacific University - 701 E. Foothill Blvd., Azusa, CA 91702

(North side of Foothill Blvd. at Cerritos Ave.)

please register at

http://www.anngroups.com/ann_shoppingcartpurchase.phtml?gid=592

Cost per Tryout/training session: \$50.00

The session will be intense but fun and consist of exercises conducive to players showing their abilities. Players must come to the session **DRESSED & READY TO PLAY**. Bring a soccer ball and water.

Players will be selected throughout the United States. We will also have players from Norway, Denmark, Sweden, Germany, Belgium Australia and other countries join NSA teams to make it a truly international experience.

If you are interested but cannot attend the scheduled session, send your soccer bio to nsaguru@nsasoccer.org for evaluation. We have other means to observe and interview.



**The 25th annual NSA tour will be from
7/12/2017 to 7/30/2017**

For dedicated players, boys and girls born 2001 to 2007.

Visit Iceland, Sweden, Denmark!

1. sightseeing in Iceland, followed by Intense Training
2. Week #29: Gothia Cup week (over 1750 teams from 75 nations)
3. Week #30: Dana Cup week (over 1100 teams from 50 nations)

http://www.nationalsocceracademy.com/?page_id=4142



**Gothia Cup – China Tour
8/9/2017 to 8/20/2017**

For dedicated players, boys and girls born 2001 to 2007

1. Sightseeing around Beijing, Great Wall of China, Forbidden City
2. Gothia Cup China Tournament in Shenyang

http://www.nationalsocceracademy.com/?page_id=4453



Fred Hsu

USSF A Licensed,
Brazilian Coaching License,
USSF National Youth License
NSCAA DOC Diploma
Director, National soccer Academy
em: nsaguru@gmail.com
ph:530-400-1903



Juan Mares

USSF "A" License
NSCAA Premier License
NSCAA and USSF "National Goalkeeping" License
USSF "National Youth" License
Azusa Pacific Men's Assistant/Goalkeeper Coach
jmares@apu.edu



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 **2017**, our 25th year, NSA is again selecting dedicated players to compete in major International Tournaments and experience the time of their lives.

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 _____

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: _____

