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|  | <h2 style="text-align: center;">Objectives of the<br/>NSA Tryout sessions</h2> <p style="text-align: center;"><a href="http://www.nationalsocceracademy.org">www.nationalsocceracademy.org</a></p> |  |
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The NSA EuroTour mission is “*to use soccer as a catalyst in bringing people together and enjoy cultural exchange experiences*”. Through this process, we aim to help foster new friendships and create life long memories.

1. **Please RELAX ...** this is more a TRAINING session then a tryout. This is the opportunity for you to find out more about NSA and for the NSA coaches to share some knowledge. You can expect players of different ages and gender training together. Since we are selecting players from many different locations, the number of players coming to each training session will vary. We will run many different “Organized Chaos” exercises. You will be in an environment where you can be yourself, play and enjoy. At the end of the session, we will have a good idea if you will benefit from our program.

2. **NSA International Tours: This is a major commitment.** Please review the NSA website for details, especially costs so there are no surprises. We want you to have time to plan for the tour. As soon as you are invited, please make your commitment and plan ahead.

3. **Communication:** The serious players who want more will be invited to participate on NSA tournament teams. It is important we have accurate contact information. If for some reason you do not hear from us, please do not hesitate to contact Coach Fred [nsaguru@gmail.com](mailto:nsaguru@gmail.com) 530-400-1903

4. **Stay with your own Club:** NSA offers programs for those who want more than what their local team offers. However, we are NOT a local club and we only hold training sessions several times a month. Before a tournament, we will have intense training sessions. Therefore, it is critical you play with a local club close to where you live , learn and stay in top shape.

**Bring your Soccer Ball, Water and Dress Ready to play.**

**Our objective is to teach.**

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|  | <h2 style="text-align: center;">NATIONAL SOCCER ACADEMY</h2> <p style="text-align: center;">Davis, CA 95616<br/>email: <a href="mailto:nsaguru@gmail.com">nsaguru@gmail.com</a></p> <ul style="list-style-type: none"> <li>• website: <a href="http://www.nationalsocceracademy.org">www.nationalsocceracademy.org</a></li> </ul> |
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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: \_\_\_\_\_



## NATIONAL SOCCER ACADEMY

Davis, CA 95616

email: nsaguru@gmail.com

- website: [www.nationalsocceracademy.org](http://www.nationalsocceracademy.org)