



Clinic / Tryout  
for  
NSA 2011 EUROTOUR teams



## NSA's focus is on Youth Development

Since 1992, NSA has selected, trained and led over 1800 players 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 training and 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 **2011**, NSA is selecting serious players to compete in major International Tournaments and experience the time of their lives.

**Players will travel to Sweden and Denmark, gain International Competition Experience, learn to play the NSA style, make friends from different countries and gain a really fun soccer experience.**

**When: Aug. 1, 2010 Sunday 9:00 – 12 noon**

**Where:** Field Location: Linden Park  
2650 Linden Road at corner of Summerfield Drive  
West Sacramento, CA 95691  
(across the street from Southport Elementary School)

**Open to all boys and girls ages 10,11,12,13,14,15,16,17**  
**boys born 1994 to 2001**  
**girls born 1993 to 2001**

**Cost: \$30.00**

Wear your NSA T-shirt (if you have one), If not, purchased for \$12.00 on site

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

contact: Fred Hsu 530-400-1903 nsaguru@gmail.com

Terry Mott 916-207-3362 tmott@pacbell.net

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 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".


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