NASA United FC

2017 Fall 5 V 5 League

Player Name_____ Age_____ Male / Female

DOB _____ Current team of player, if available_____

Parent/Guardian Name_____

Street_____ City_____ State____ Zip_____

Cell #: _____ Email: _____

Cell #: _____ Email: _____

Emergency Contact

Name_____ Tel# _____

Parent/Guardian Consent and Waiver

I herby represent that the above information is true and accurate and the named applicant is in good health and has my permission to participate in NASA United Soccer. I acknowledge that soccer is a contact sport and that there is a risk of injury from participating in NASA United Soccer and its related activities. I HEREBY WAIVE AND RELEASE NASA United Soccer and/or its agents, coaches, trainers and directors from any and all liability and claims for damages. In the event of an emergency, I hereby give permission to such medical personnel as necessary to render treatment.

Parent/Guardian Signature_____ _____

Date_____

Fall 5 V 5 League fee: $185

Make check payable to "NASA" and mail to:
NASA United FC
PO Box 184
Totowa, NJ 07511

www.nasaunited.com