



# NASA United FC

## Soccer Camp

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

DOB \_\_\_\_\_ Current team of player, if available \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### 2018 Schedule: Check all sessions that apply

(x)	Dates	Time	Age Group	Birth Years	Cost
	6/25 - 6/29	9am - 12pm	U7 - U17	2011 - 2001	\$110
	7/2 - 7/6	9am - 12pm	U7 - U17	2011 - 2001	\$65 (4 days - off July 4th)
	7/9 - 7/13	9am - 12pm	U7 - U17	2011 - 2001	\$110
	7/16 - 7/20	9am - 12pm	U7 - U17	2011 - 2001	\$110
	7/23 - 7/27	9am - 12pm	U7 - U17	2011 - 2001	\$110
	7/30 - 8/03	9am - 12pm	U7 - U17	2011 - 2001	\$110

### Emergency Contact

Name \_\_\_\_\_ Tel# \_\_\_\_\_

### Parent/Guardian Consent and Waiver

I hereby 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 \_\_\_\_\_

**Soccer Camp fee: \$110 per week** (Discount: \$25 OFF for multiple weeks)

Make check payable to "NASA" and mail to:

NASA United FC  
PO Box 184  
Totowa, NJ 07511

[www.nasaunited.com](http://www.nasaunited.com)