



NASA United FC

Winter Training

Player Name _____ Age _____ Male / Female

DOB _____ Current team of player, if available _____

Parent/Guardian Name _____

Street _____ City _____ State _____ Zip _____

Cell #: _____ Email: _____

Cell #: _____ Email: _____

Check (x) all sessions that apply

SESSION #1

AGE GROUP	BIRTH YEAR	DATES	DAY	TIME	(x)
U5 – U7	2012, 2011, 2010	12/6, 12/13, 12/20, 1/3, 1/10, 1/17	Tuesday	5:30 - 6:30pm	
U8 – U10	2009, 2008, 2007	12/6, 12/13, 12/20, 1/3, 1/10, 1/17	Tuesday	6:30 - 7:30pm	
U11 – U14	2006, 2005, 2004, 2003	12/6, 12/13, 12/20, 1/3, 1/10, 1/17	Tuesday	7:30 - 8:30pm	
U15 – U18	2002, 2001, 2000, 1999	12/6, 12/13, 12/20, 1/3, 1/10, 1/17	Tuesday	8:30 - 9:30pm	

SESSION #2

AGE GROUP	BIRTH YEAR	DATES	DAY	TIME	(x)
U5 – U7	2012, 2011, 2010	1/24, 1/31, 2/7, 2/14, 2/21, 2/28	Tuesday	5:30 - 6:30pm	
U8 – U10	2009, 2008, 2007	1/24, 1/31, 2/7, 2/14, 2/21, 2/28	Tuesday	6:30 - 7:30pm	
U11 – U14	2006, 2005, 2004, 2003	1/24, 1/31, 2/7, 2/14, 2/21, 2/28	Tuesday	7:30 - 8:30pm	
U15 – U18	2002, 2001, 2000, 1999	1/24, 1/31, 2/7, 2/14, 2/21, 2/28	Tuesday	8:30 - 9:30pm	

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: _____

Registration fee for Winter Training: \$155 for each session

Make check payable to "NASA" and mail to:

NASA United FC
PO Box 184
Totowa, NJ 07511

www.nasaunited.com