



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: _____

SESSION #1

AGE GROUP	BIRTH YEARS	DATES	DAYS	(x)
U6 – U14	2013 – 2005	December - January	Saturday or Sunday	

SESSION #2

AGE GROUP	BIRTH YEARS	DATES	DAYS	(x)
U6 – U14	2013 – 2005	January - March	Saturday or Sunday	

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 1 session (\$260 for 2 sessions)

Make check payable to "NASA" and mail to:

NASA United FC
PO Box 184
Totowa, NJ 07511

www.nasaunited.com