



# NASA United FC

## Goalkeeper Training

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

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

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

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

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

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

### TRAINING SCHEDULE (x) boxes that apply

SEASON	DATES	DAY	TIME	SESSIONS	(X)
Fall Season	Sept – Nov	Friday	7pm or 8:15pm	8	
Spring Season	April – June	Friday	7pm or 8:15pm	8	

### 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 \_\_\_\_\_

**Goalkeeper Training fee: \$175**

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

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