



NASA United FC

Soccer Camp – Linden Division

Player Name _____ Age _____ Male / Female

DOB _____ Current team of player, if available _____

Parent/Guardian Name _____

Street _____ City _____ State _____ Zip _____

Cell #: _____ Email: _____

Cell #: _____ Email: _____

Schedule: Check all sessions that apply

(x)	Dates	Time	Age Group	Birth Years	Cost
	7/ 15 – 7/18	9am - 12pm	U7 - U14	2012 – 2005	\$90
	7/29 – 8/1	9am - 12pm	U7 - U14	2012 – 2005	\$90
	8/ 12 – 8/15	9am - 12pm	U7 - U14	2012 – 2005	\$90

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: \$90 per week (\$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