



# NASA United FC

## Winter Indoor Training

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

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

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

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

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

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

### FULL PROGRAM

Check (x)	DATES	WEEKS	COST
	December - March	12 weeks	\$275

### HALF PROGRAM

Check (x)	DATES	WEEKS	COST
	Dec-Feb OR Feb-Mar	6 weeks	\$165

### 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: \_\_\_\_\_

**Winter Indoor Training fee: \$275 FULL PROGRAM, \$165 HALF PROGRAM**

Make check payable to "NASA" and mail to:

NASA United FC  
PO Box 184  
Totowa, NJ 07511