



NASA United Soccer

2009 Summer League Registration Form

Player Name: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Male _____ Female _____

Cell #1: _____ Cell #2: _____

Email address: _____

Does your child play on a traveling team? Yes or No

Emergency Contact

Name: _____ Tel# _____

Additional Comments: _____

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 Summer League is \$85

Make checks payable to: NASA Soccer

Mail registration forms and payment to:
NASA United Soccer
PO Box 184
Totowa, NJ 07511