



NSA -Glenwood Springs
Soccer Camp
NSA Tournament teams
Open Tryouts/Training



NSA's focus is on Youth Development

Since 1992, NSA has selected, trained and led over 1500 people on tour to compete in major International tournaments in Scandinavia, South America and the United States. To the credit of NSA players and coaches, after training and learning the NSA STYLE, the philosophy and the NSA Way, players have consistently stepped up to the competition, as evidence by the [many championships](#) they have won.

For **2008-2009**, NSA is selecting serious players to compete in major International and National Tournaments and experience the time of their lives. **Players will gain International and National Competition Experience, learn to play the NSA style, make friends from different states and countries and gain an extremely fun soccer experience.**

When: June 9, 2008 (Mon) to June 12, 2008 (Thurs)

Where: **Glenwood Park and Sopris Elementary School Fields**
(We will meet and check in at Glenwood Park)
Glenwood Springs, CO

Age: boys and girls born 1992 – 2002 (ages 6-16)

Skills Training: 9 am – noon
Lunch: noon - 1:30 pm (supervised)
Team/Tactical Training: 1:30 pm - 3:30 pm

Cost: Morning session only (recommended for 6-8 years) \$ 120.00
Both sessions/All Day (recommended for the serious player) \$ 200.00
*Includes an NSA training T-shirt for each player

Online Registration and Payment at www.nationalsocceracademy.org

or Send Payment to:

NSA/GSSC PO Box 1031 Glenwood Springs, CO 81602

Contact:

Brad Jordan **970-947-1837 (day) 970-947-1809 (eve)** email: bradjordan@sopris.net

Date: _____ **NSA Medical Release Form**

Last name _____ First name _____ Birthday _____ male ___ female ___

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Parents/Guardian names: _____ E-mail _____

Telephone evening: _____ day: _____ fax: _____

List any Medical Problem or prohibition player has _____

Person to notify in emergency _____ Phone _____

Physician to notify in emergency _____ Phone _____

HEALTH & ACCIDENT INSURANCE PROVIDER _____

Number of years played _____ Last team _____ Last League _____

I, _____, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the National Soccer Academy (NSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for NSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify NSA, its affiliated organizations and sponsors, their directors, employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I also certify that my child is covered by primary health insurance for all injuries that may result from the "PROGRAMS".


CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian of the above-named registrant, I hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my dependent.

NAME _____ Signature: _____

Parent/legal Guardian (Please Print)

Occupation: _____

	<p align="center">NATIONAL SOCCER ACADEMY A 501 (C) (3) non profit Corporation 26230 Road 97, Davis, CA 95616 E-mail: info@nsasoccer.org website: www.nsasoccer.org</p>
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