

4530 S. Berkeley Lake Rd.,
Building 2
Norcross, GA 30071

NORCROSS SOCCER ACADEMY

Shooting Stars Spring 2010 Program

NSA Office
(770) 840-9275

Player Information:

Please Print

Player: Sex:
First Name Last Name M/F

Address:

City: Zip: Birthdate:
Month/Day/Year

Home Tel:

Preferred Participation Day Thursday 5pm Sunday 4pm
Please check one option

T-Shirt Information: T-Shirt will be given to player sometime during the Spring Season
Circle size needed (uniform will be ordered to size requested; if in doubt, order one size larger)

Shirt Size 3T 4T 5/6T YXS YS YM YL

Guardian Information:

Name: Home Tel:
First Name Last Name

Work Tel:
Relationship Occupation

Email: Cell No:

Name: Home Tel:
First Name Last Name

Work Tel:
Relationship Occupation

Email: Cell No:

Emergency Contact Name and #

Insurance Information:

Health Insurance Provider:

Player Insurance ID#: Insurer Phone:

The undersigned Parent of Legal Guardian does hereby permit the Player listed above to participate in the Norcross Soccer Association program listed above during the above listed dates, or any substituted dates. Furthermore, they agree to release, indemnify and hold harmless, the Norcross Soccer Association, Inc, its Officers and Directors, Volunteers, Director and Coaches from any liability that may arise from activities involving the player's participation in the aforementioned program. Players participate in the program at their own risk to injury and take full responsibility for their actions on and off the fields while at the program. In case of serious injury, the undersigned instructs program officials to administer first aid on the scene and to contact emergency medical assistance at the sole expense and responsibility of the player and or their Parent and/or Legal Guardian.

Fee Schedule

Received By: _____	Date Received: ____/____/____	Check #	\$80.00
PARENT/GUARDIAN SIGNATURE _____	DATE ____/____/____		