

## Travel Documents to Complete

You are encouraged to scan and email documents rather than using US mail.

This section contains forms which should be completed and returned to NSA.

<input type="checkbox"/> <b>one digital picture emailed to NSA</b>  <input type="checkbox"/> <b>Permission to Travel letter</b> A letter allowing minor players to travel with NSA, without the presence of parents. Sign, scan, and email.  <input type="checkbox"/> <b>NSA membership registration form.</b> Sign, scan and email.	<p><b>Communication is key to the success of the tour. Please respond within 48 hours with the following:</b></p> <ul style="list-style-type: none"> <li>• Yes, we are joining, (List names of all travelers). or</li> <li>• No, we cannot join this year. or</li> <li>• Maybe, we need time to sort things out, will respond with an answer by _____ (date)</li> </ul>
<input type="checkbox"/> <b>Passport – <u>one copy of the picture page of your valid Passport (scan and email)</u></b>	<p>As soon as you have it</p>
<input type="checkbox"/> <b>Players Code of Conduct</b> - This document explains the expectations of the player's conduct. It is a contract between the player and -the coaches, parents, teammates and officials. It spells out the disciplinary basis of the tour. Sign, scan and email.  <input type="checkbox"/> <b>Supporters Agreement</b> - This document explains the expectations of the player's conduct. It is a contract between the player and -the coaches, parents, teammates and officials. It spells out the disciplinary basis of the tour. Sign, scan and email.  <input type="checkbox"/> <b>Health Insurance Card</b> - <u>One (1) copy required</u> , scan and email.  <input type="checkbox"/> <b>Health Statement and Medical Evaluation Form</b> - In addition to providing us with valuable information regarding your child's health status, this document permits tour staff members to make judgment calls in the event of medical emergencies involving the player. <u>One (1) original document required</u> . Sign, scan and email.	<p>Prior to travel</p>

You should keep copies of all documents submitted to NSA. One copy should be kept for your permanent files and one copy should be carried by the player while on tour.

If you need additional information, please contact

Coach Fred Ph: 530-400-1903 Email: [nsaguru@gmail.com](mailto:nsaguru@gmail.com)



# Code of Conduct National Soccer Academy

Name \_\_\_\_\_

Birthday \_\_\_\_\_

The following is a list of rules and regulations that will be enforced by the director, administrators and coaches of the National Soccer Academy. All players who participate in NSA events and tours are subject to these rules. This document requires signatures from the player and parent/guardian(s). Please read, sign, and return the original.

1. Possession by any player of pocket knives, guns, fire-crackers, firearms, alcoholic beverages, drugs (unprescribed or illegal), other weapons, or related paraphernalia will result in immediate expulsion from the National Soccer Academy event/tour.
2. Unauthorized visits to rooms/houses by members of the opposite sex, incidents of stealing or vandalism, unauthorized absences from any practice, game or group function, or failure to inform officials of your destination, may result in disciplinary action and/or expulsion from the event/tour.
3. Players must always be in the presence of staff personnel or assigned chaperones, unless specific approval is obtained. While on tour the curfew for players shall be 9:30 p.m. Quiet time will be designated until the mandatory lights out time (between 10:00 p.m. to 11:00 p.m.).
4. **Any action which could threaten the health and safety of individuals (including yourself) or group members may result in immediate expulsion. Leaving the group without permission (e.g. sneaking out to go to disco) is a behavior that could warrant expulsion.**
5. Arrest and detention by a government official (local or foreign) will result in immediate expulsion from NSA. Parent(s)/Guardian(s) assume immediate responsibility should a player be detained by a government official for any reason.
6. When necessary, searches of rooms and belongings may be carried out by tour officials. In most cases, players will have the opportunity, without penalty, to turn in any incriminating items before the search.
7. Repeated minor violations (such as disrespect for coaches, staff, players, use of tobacco, cigarette lighters, toy guns and water pistols, or profanity) may also result in expulsion.

I/We have read the above, understand and agree to the National Soccer Academy's Code of Conduct. I/We agree to honor the above agreements and commitments. As a player, I will actively listen, treat others the way I would have them treat me, and agree to always acknowledge and respect the National Soccer Academy, its coaches, administrators, players and other officials.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I/We acknowledge that no refunds are given in the event of expulsion for disciplinary reasons, and that I/we as a parent/guardian are responsible for any additional costs (including phone calls, hotels, air/ground transportation, etc) involved in sending my child home. I/We acknowledge that I/we will be notified immediately in the event of major disciplinary problems, before action is taken.**

Parent's /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Birthday \_\_\_\_\_  
Phone \_\_\_\_\_

**Health Statement, Player Permission, and Medical Evaluation  
National Soccer Academy**

The National Soccer Academy (NSA) requires that a player have an annual health history provided by a parent/guardian. A licensed physician must support this health statement with a medical evaluation within the past twenty-four (24) months, unless specific conditions dictate otherwise. This will eliminate the cost of unnecessary visits/exams.

*This section to be filled out by parent or legal guardian.*

Has your child had a medical evaluation (exam) within the last 24 months?

YES. Date \_\_\_\_\_

NO. Schedule an exam to complete medical evaluation.

Have you ever been told that your child should not participate in strenuous activities?

NO.

YES. Please indicate what specific limitations should be imposed upon your child's activities during the event/tour?  
\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any prescribed medication or special dietary needs?

NO.

YES. Please describe below. Attach additional sheets, if needed.  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever lost consciousness during a physical activity or suffered a concussion due to a head injury in the last year?

NO.

YES. Please provide a physician's current statement regarding the effect the injury may have on participation in a strenuous activity.

Has your child had an illness or an injury within the last 6 months that may limit his activity?

NO.

YES. Provide an updated medical evaluation from your physician.

Are your child's immunizations current?

YES.

NO. Update your immunizations.

**NOTE:** Also, speak with your doctor for his recommendation on the Hepatitis vaccine series.

Has your child had a tetanus shot or booster in the last 10 years?

YES.

NO. Schedule at least 2 weeks prior to event/tour.

Does your child have any special needs or require any special equipment?

NO.

YES. Please describe \_\_\_\_\_  
\_\_\_\_\_

Does your child have any chronic conditions, such as asthma, heart disease, allergies, or any other conditions that NSA should be aware of? Include allergies to medicines.

NO.

YES. Please describe.  
\_\_\_\_\_  
\_\_\_\_\_

**Permission to Participate**

My child has my permission to participate in all activities planned for NSA events/tours. I, the parent/guardian of the player, a minor, agree that the player and I will abide by the rules of the National Soccer Academy (NSA). I/We recognize that possibility of physical injury associated with soccer and the activities while playing and traveling, and in consideration of NSA accepting registrant for soccer events/tours and activities, I release, discharge and/or otherwise indemnify NSA, their directors, administrators, coaches, and associated personnel, including the owners of the fields and facilities utilized for the use of NSA, against any claim by or on behalf of the player as a result of the player's participation in NSA 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 NSA activities.

**Consent for Medical Treatment**

As the parent/guardian of the above-named player, I hereby give consent for emergency care prescribed by a duly licensed physician of medicine or a doctor of dentistry. This care may be given under whatever conditions necessary to preserve life, limb or wellbeing of my child/dependent.

Medical Insurance \_\_\_\_\_

Medical Number \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

**(ATTACH A PHOTOCOPY OF HEALTH INSURANCE  
IDENTIFICATION CARD OF PLAYER AND/OR INSURED  
PARENT/GUARDIAN.)**

PARENT/GUARDIAN

NAME(Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

**MEDICAL EVALUATION (TO BE COMPLETED BY PHYSICIAN) Today's date:** \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**NOTE TO PHYSICIAN:** THE CHILD BEING EVALUATED WILL BE PARTICIPATING IN AN EVENT/TOUR SPONSORED BY THE NATIONAL SOCCER ACADEMY. THE EVENT/TOUR WILL REQUIRE PARTICIPATION IN THE SPORT OF SOCCER AND WILL INCLUDE STRENUOUS AND PHYSICAL ACTIVITY OF THE PARTICIPANT DURING SOCCER PRACTICES, TRAINING, GAMES AND TOURNAMENT PLAY.

**PHYSICAL EXAMINATION**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
VISION:      NORMAL  ABNORMAL       GLASSES       CONTACTS   
HEARING:    NORMAL  ABNORMAL

IMMUNIZATIONS CURRENT FOR TETANUS, MUMPS, DIPHTHERIA, PDT, MEASLES, HEPATITIS, AND RUBELLA?

- YES
  
- NO, PLEASE UPDATE AS REQUIRED.

ANY LIMITATIONS OF PHYSICAL ACTIVITIES?

- NO
  
- YES, PLEASE DESCRIBE

ANY DIETARY RESTRICTIONS?

- NO
  
- YES, PLEASE DESCRIBE

ANY MEDICATIONS REQUIRED?

- NO
  
- YES, PLEASE DESCRIBE

ANY MEDICAL CONDITIONS THAT NSA SHOULD BE AWARE OF, SUCH AS ASTHMA, HEART DISEASE, ALLERGIES, MEDICINES, ETC?

PHYSICIANS NAME (PRINT) \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION, NATIONAL SOCCER ACADEMY**

# NSA Membership Registration Form EUROTOUR

Birthday \_\_\_\_\_ Gender: male\_\_ female\_\_  
 Last name \_\_\_\_\_ First name \_\_\_\_\_  
 Parents/Guardian names: \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Telephone- cell: \_\_\_\_\_ other \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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". I acknowledge that NSA does not provide health and accident insurance for participants in any of its "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: \_\_\_\_\_

Date \_\_\_\_\_

	<p><b>NSA</b></p> <p><b>26230 Road 97, Davis, CA 95616</b></p> <p>E-mail: <a href="mailto:info@nsasoccer.org">info@nsasoccer.org</a> website: <a href="http://www.nationalsocceracademy.com">www.nationalsocceracademy.com</a></p>	
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## National Soccer Academy Parental Permission Travel Form

Date: \_\_\_\_\_

To Whom It May Concern.

The undersigned parent(s) and/or legal guardian(s) of minor player (name),

\_\_\_\_\_ Birthday \_\_\_\_\_,

do hereby allow and give permission for travel outside the United States to Scandinavia to participate in the NSA EuroTour with the National Soccer Academy. We agree and will abide by the terms and conditions set forth in the EUROTOUR Acceptance package.

\_\_\_\_\_  
Players Signature      **print name as shown on passport**      Date

\_\_\_\_\_  
Parent/Guardian Signature      print      Date

\_\_\_\_\_  
Parent/Guardian Signature      print      Date

# NSA Supporters Agreements

## **This is an Adventure**

**Touring a foreign country may be stressful to some. Accommodation, transportation, food, customs may be different. Find the positives in new encounters and have a fun ride.**

**I understand that.**

- **NSA participants travel as a ‘tight’ family. The tour is led by the tour leader and managed by coaches and chaperones. Soccer is the catalyst to bring people together for excellent cultural exchange experiences.**
- **Supporters’ group activities are independent of the players’ group. Supporters are welcome to watch the matches, go sightseeing, drop in and visit your players periodically, and be helpful during group sightseeing trips.**
- **Supporters will have land travel between tournaments and hotel accommodations arranged by NSA. Breakfasts are normally provided by the hotels. Once they arrive at the hotels, supporters are on their own to explore. Match schedules will be provided by the tournament. NSA players’ daily activity schedules will be provided when possible.**
- **Every player will be assigned a primary team for each tournament. However, players may be rostered and play on multiple teams; players may play in multiple games per day, sometimes on different teams; girls may play on boys’ teams.**
- **Supporters should not plan to take players away from the group unless**
  - a. **Your child is sick and needs attention.**
  - b. **It is after the last game of the tournament for your child (e.g., the last days of the week)**
- **I will not BECOME A “HELICOPTER/OVERBEARING SUPPORTER”.**
- **I will not diminish my child’s NSA EUROTOUR experiences and act to undermine the NSA EUROTOUR Staff decisions.**
- **In extreme cases, at the discretion of the tour leader, my child(ren) and I can be expelled from the tour. There will be no refunds and I agree to bear all the additional expenses necessary to travel home on our own.**

### **On the Field:**

- **Enjoy the matches, video tape them, take lots of pictures, enjoy the atmosphere, cheer for the teams, and make friends with people from around the world. Leave your children and other players alone so that they grow from their experience.**
- **Never tell an NSA coach how to coach.** NSA staff are professional coaches and will attempt to teach your child valuable lessons on and off the field. Trust their instincts and experience regarding the game of soccer. Look to the “process” of development (the big picture) for achievements, not simply the scores of the matches or the amount of time your child is present on the field. Judging from the players who have trained and traveled with NSA, the NSA coaches have been very successful in treading the fine line of helping children develop the “performance” part of their game without undue pressure during these tours. NSA does not and will not condone the “win at all costs” mentality.
- **There is absolutely no guarantee on the amount of “match” time for any player.** To increase the amount of possible “match” time of all our players, NSA tries to enter extra teams so some players may

play on more than one team. Supporters must accept the NSA coaches' judgment regarding who represents NSA during the matches. **Do not send your child with us if you cannot accept the coaches' decisions as to who represents NSA during matches.**

- **“Performance” is emphasized during these tours** -- not the amount of time a player is present on the field during matches. NSA staff coaches will do what is best for the teams to enhance “performance”. During the tournament competition the best players at the time, as determined by the team manager, will represent NSA on the field. Substitutions will be made due to
  - a) injury
  - b) player’s performance
  - c) tactical changes for the match
  - d) scores are lop sided

**Off the field:**

- Sightseeing with friends and other supporters. Relax and have a fun time. **Leave your children with the NSA staff so they learn to be self-sufficient and enjoy the soccer tour atmosphere. Be helpful if you wish but NOT overbearing.**
- **Offer to help with laundry to small groups of children. That has always been a big job.**
- **All players must stay with the tour. Your child must never be isolated from the other players (unless he/she is sick).**

Supporters are not allowed to take their children away from the group without prior approval from the tour leader. Should the opportunity arise, you may take your child for a brief period of time. However, your child must invite at least two other players and go with you as a group. This will help in group dynamics to enable your child to be included and accepted by the rest of the players.

**Strive to be a Good NSA tour supporter.**

- Do not have unrealistic expectations about your child’s performance.
- Be helpful but NOT OVERBEARING during the tour to your children and staff.
- Have realistic expectations.
- BE VERY FLEXIBLE. Traveling on a jam-packed schedule can be very stressful to most.

My child(ren) name(s) \_\_\_\_\_

\_\_\_\_\_  
Supporters Name  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature