



# NSA TOURNAMENT TEAM PROGRAM

Age and Skill Level Appropriate development  
Tournament Teams

## MISSION:

To provide dedicated soccer players with an Age and Skill Level appropriate learning environment, opportunities to compete in major tournaments and be immersed in impactful cultural exchanges through International and National Soccer Travel.

- **NSA** is for players, boys and girls, ages 8-14 who wish to excel.
- NSA players do not compete in local leagues; Serious players should be playing for other clubs and utilize our services to enrich their experiences. Scrimmages will be arranged to prepare players to participate in major International and National tournaments.

National Soccer Academy will only accept a small group of players who

1. Love to play.
2. Want to learn to play at a high level.
3. Have parents who are supportive of the NSA philosophy.

We believe Age and skill level appropriate teaching is critical in developing young players. Putting unrealistic demands on young players to compete in a formal environment too often when they need to learn to connect their mind with their body to play soccer at a high level often leads to burn out rather than developing young players to their potential.

## Next session:

**11/26/24 Tuesday 11:00 am – 1:00 pm**  
**Corderos Park ; Parkside Drive, Vacaville.**

**Check the website for the latest update due to unforeseen circumstances.**  
**Please text coach Fred (530-400-1903) to confirm attendance.**

**Cost per 2-hour session: \$50-; Payment should be made via venmo to @Fred-NSA**



**Frederick Hsu**  
**Director**  
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Brazilian Coaching License,  
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Director of Coaching Diploma

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**Carlos Menjivar**  
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949-566-4162

Players will be evaluated on an ongoing basis and invited to join. The appropriate teams will be formed to participate in tournaments when the staff deems they are beneficial for development.

NSA was established in 1992. There are over 20000 training shirts with the NSA motto and philosophy floating around the world.

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**Soccer is:**

**“Proper execution of a  
Correct Decision”**



**“STRIVE FOR EXCELLENCE,  
ENJOY THE PROCESS,  
GOOD RESULTS WILL FOLLOW”**


**We teach by keeping the game simple: “Get the Ball; Keep the ball; Score”**

Players will improve in all 4 pillars of the game – Technical, Tactical, Physical, Psychological” at NSA sessions while having fun.

Age and skill level appropriate exercises are used to create teaching moments. Focus is on making proper decisions under various game conditions and executing to accomplish desired results, individually and as a group.

NSA staff and teaching method have been very successful over the past 30 years as evidenced by the many major championships they have won and many players progressing to college and professional ranks.

## Player Soccer Profile

	<p>Player Photograph (paste here or send separate (.jpg format))</p>
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### **Personal Data:**

Name:

Gender:

Date of Birth:

Height:

Weight:

Email:

Phone:

Address (Street, City, State, ZIP):

**Parent's Names:**

Phone:

**Parents email(s):**

Parent's Address (Street, City, State, ZIP):

**Occupation:**

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### **Player Soccer Background**

Club:

Team:

**Higher Level Teams** - ODP or PDP district, State Select (Give years you participated at each level):

Honors: (Varsity Letters, All-State, All-Conference, etc and year(s) received)

### **Academic Data**

Class (which grade, 5 - 12):      GPA (Also indicate scale, such as 3.85/4.0):

School:

School Address (Street, City, State, ZIP):

Honors: (List any academic honors you have received, and year(s) received)

**References from Coaches:** (notify them that NSA may call them for reference)

Coach's name

phone:

Email:

# NSA Registration Form

Gender: male\_\_ female\_\_ Birthday \_\_\_\_\_

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 \_\_\_\_\_



**NSA**

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