

	Age	Birthdate Range	Amount
	U6 (ages 4-5)	01/01/2014-12/31/2015	\$35
	U7-U10 (ages 6-9)	01/01/2010-12/31/2013	\$50
	U11-U14 (ages 10-13)	01/01/2006-12/31/2009	\$60
	U15-U19 (ages 14-18)	01/01/2001-12/31/2005	\$70

Newton Area Soccer Association, also known as NASA, is a league whose purpose is to promote and organize recreational soccer in the Newton area. Registration is open for ages 4-18, with scholarships available. NASA focuses on fun and improving soccer skills and includes games around Central Iowa with certified referees.

Fall 2019 soccer registration will begin June 1, 2019 and end July 1, 2019.

To register or learn more, go to www.newtonareasoccer.com . Click on the registration link to apply online and receive a 10% discount. Or fill out this form and mail to: NASA Attn: Registrar
 PO Box 283
 Newton, IA 50208

Players name:	Date of birth:	Gender:
---------------	----------------	---------

Current Country living in:	Country of Birth:
----------------------------	-------------------

Has player played outside of US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship:
---	-------------------------

Has player previously played for NASA? Yes No *If no, copy of birth certificate MUST be attached.

Team registration preference:

Would play up if no team available at current age Yes No

Parent/Guardian:

Address:	City:	Zip:
----------	-------	------

Phone:	Secondary Phone:
--------	------------------

Email:	Employment/Occupation:
--------	------------------------

Parent/Guardian:

Address:	City:	Zip:
----------	-------	------

Phone:	Secondary Phone:
--------	------------------

Email:	Employment/Occupation:
--------	------------------------

Shirt size (U6 only): XS S M L

Emergency Contact:	Phone:
--------------------	--------

Physician Information:

List medical conditions coach should know:

Does this player have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Provider:
---	---------------------

Insurance Provider Phone:	Insurance Policy Holder:
---------------------------	--------------------------

Policy #	Group #	Medicaid #
----------	---------	------------

Please choose a volunteer job that you would like to help our club with:

Head coach* Assistant coach* Referee (pay/training provided) Board Member

*Background checks are conducted on all coaches.

Registration is not considered complete until the registration form, payment, and birth certificate have been received. Make checks payable to: Newton Area Soccer Association (fees non-refundable). Fees are applicable to the age group your child is playing. A late fee of \$10.00 may apply if registration is submitted after close date. Contact the registrar with questions. Contact information can be found on NASA's website www.newtonareasoccer.com. If a registrant is unable to be placed on a team due to registration numbers a refund will be issued. For financial assistance, complete the form on NASA's website. I hereby consent for my child and family to participate in and abide by all the rules and Codes of Conduct of NASA and the Iowa Soccer Association L3 League. As parents or guardians of the above child, we acknowledge there is risk of injury with all recreation, and inconsideration of said child being allowed to participate in NASA, we assume all risk of injury to the child and hereby agree to indemnify and hold harmless the NASA and it's agents, directors and employees from any claims, demands or liability arising from said child's participation in NASA. I agree to allow NASA to use photographs of my child for website and/or publicity purposes.

Parent/Guardian signature: _____ Date: _____