



Age	Birthdate Range	Amount
U6 (ages 4-5)	01/01/2016-12/31/2017	\$35
U7-U10 (ages 6-9)	01/01/2012-12/31/2015	\$50
U11-U14 (ages 10-13)	01/01/2008-12/31/2011	\$60
U15-U19 (ages 14-18)	01/01/2003-12/31/2007	\$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.

Spring 2023 soccer registration will begin November 13, 2022 and end January 15, 2023.

To register or learn more, go to www.newtonareasoccer.com . Click on the registration link to apply online or fill out this form and mail to:

NASA Attn: Registrar
 PO Box 714
 Newton, IA 50208

Players name:	Date of birth:	Gender:
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Current Country living in:	Country of Birth:
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Has player played outside of US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship:
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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:
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Phone:	Secondary Phone:
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Email:	Employment/Occupation:
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Parent/Guardian:

Address:	City:	Zip:
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Phone:	Secondary Phone:
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Email:	Employment/Occupation:
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Shirt size (U6 only): XS S M L

Emergency Contact:	Phone:
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Physician Information:

List medical conditions coach should know:

Does this player have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Provider:
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Insurance Provider Phone:	Insurance Policy Holder:
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Policy #	Group #	Medicaid #
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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:
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I acknowledge the possibility of injury or illness, and in consideration for the US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"). I recognize that participation in such events or activities involves the possible exposure to and illness from infectious and/or communicable diseases including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases. While adherence to particular rules and requirements may reduce the risk of possible exposure, the risk of serious illness, temporary or permanent bodily injury or disability, and death remains. I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/ daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize. My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent/Guardian Name

Player Name

Parent/Guardian Signature

Date