

WEB FALL 2019 ADULT LEAGUE REGISTRATION

Detach this form and mail in with check or credit card payment to:

Break Away Sports Center, Inc. 5964 Executive Drive, Madison, WI 53719

Team Manager or Independent Participant's Name

Address/City/Zip

Telephone (Primary)

(Alternate)

Email

Manager/Independent Player: MUST read & sign

As a Team manager or the participant listed above, I have read, understand and will abide by the registration procedures listed in this brochure as well as act under Break Away Sports Center's philosophy of sportsmanship and fair play. Furthermore, I agree to complete a Consent Form. Any participation to the contrary will be subject to removal from further participation without refund. I also give permission to allow Break Away Sports to contact me about league news, such as schedule changes and/or soccer programs they offer during the upcoming season by telephone or the email provided. I understand that at anytime I may opt out.

X _____
Team Manager/Independent Player signature

Complete information by checking boxes which apply

TEAM

OR

INDIVIDUAL

Women's Over 30

Men's Over 40

Adult Coed (Select Day Option)

Average Age _____ (Coed)

Men's Rec

Adult Over 50

Mon/Wed (Fri)

Wed/Fri (Mon)

Sun/We

Team Name _____ Team Color _____

(must bring alternate color)

Skill Level:

Skilled

Good

Intermediate

Low

CREDIT CARD PAYMENT

As the Representative registering my self/team, I understand by completing and signing, or authorizing the credit card information below, I authorize the payment of all fees associated with the above team/individual registration and by registering with partial team payment, I accept and approve any remaining team fees will automatically be charged to this credit card after the first game of league play without any further notice.

Master Card

Visa

Discover

American Express

Card Holder Signature: _____

Credit Card #: _____ Exp. Date: _____