WEB 2011-12 League Registration Form

Complete & Return to:
BREAK AWAY SPORTS CENTER, INC., 5964 Executive Dr., Madison, WI 53719

Name of Team Manager	OR	Independent player

(if youth player) Parents Name	Youth Player Date of Birth	Grade

Address/City/Zip

Telephone (Primary)	(Alternate)	Email address

Team Manager, Adult Player or Parent/Guardian - MUST read & sign!

As a team manager, adult player or parent/guardian of a player, I have read & understand the registration procedures listed in this brochure. I accept the responsibility as a team manager, participant or on his/her behalf that the registrant indicated above or team indicated below will play according to the policies listed in the registration procedures. Any participation to the contrary will be subject to removal from further participation of myself/my child, or this team's participation without refund. I agree to allow Break Away Sports Center to contact me about soccer programs they offer during the upcoming season.

X_____
Adult Manager/Adult Player or Parent/Guardian Signature

(check or complete all that apply)

Session: ☐ Winter I ☐ Winter II ☐ Winter III ☐ Spring

Multi Session Team Discount Plan: ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze

Status: ☐ **Independent** or ☐ **Team: Name:** _____ **Color:** _____

League: (Specific league & gender) _____

League Skill Level: ☐ Very Skilled ☐ Good ☐ Fair ☐ Novice/Low

Adults: Average Age: _____ Adult Coed: ☐ Mon/Wed(Fri) ☐ Wed/Fri(Mon)

Youth Team Description: Number of Boys _____ Girls _____ Grades _____

Fall Outdoor League & Division: (ie Rec, Classic, Prem) _____

Credit Card Payment Full Payment Option (Required with team deposit)

As the Representative registering my self/child/team, I understand that 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 that 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 notification.

☐ MasterCard ☐ Visa ☐ Discover

Card Holder Signature X _____

Credit Card # _____ **Exp. Date:** _____