# WEB YOUTH CLASSES & SPRING BREAK Registration Form 2011-12

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

| Participant's Name | Date of Birth | Grade |
|---|---|---|
| | | |

| Parent's Name | Email address |
|---|---|
| | |

| Address/ | City/Zip |
|---|---|
| | |

| Telephone (Primary) | (Alternate) |
|---|---|
| | |

**Parent/Guardian - MUST read & sign!**

As the parent/guardian of the Registrant listed above, I have read & understand the Instructional Registration Policies/Procedures associated with the Instructional Classes and Spring Break listed below. I accept the responsibility on behalf of the Participant indicated above, that he/she will play according to the policies and that any participation to the contrary will be subject to removal from further participation without refund. I agree to allow Break Away Sports Center to contact me about soccer programs they offer during the upcoming season.

X _____
Signature Parent/Guardian of Participant

(Check all boxes that apply)

## CLASSES:

**Session**: ☐ A ☐ B ☐ Spring

**Kitten**: ☐ Class 1

**LionCub**: ☐ Class 2

☐ Class 3

**Lynx**: ☐ Class 4

☐ Class 5

**Bobcat**: ☐ Class 6

☐ Class 7

## SPRING BREAK CAMP

**Apr. 2 – 5 (Madison & Verona)**

☐ Ages 7-10 (9:00-11am) ☐ Ages 11-14 (9:00 - 11:00am)

**OPTIONAL CREDIT CARD PAYMENT**

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.

☐ Master Card ☐ Visa ☐ Discover

Card Holder Signature X _____

Card # _____ Exp. Date _____