

2011-12 ADVANCED TRAINING TRYOUT PREP REGISTRATION

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

Participant Name

Parent/Guardian Name

Address/City/Zip

Date of Birth

Grade

Telephone (Primary)

(Alternate)

Email address

Parent/Guardian - MUST read & sign!

As the parent/guardian of the Registrant listed above, I have read & understand the Instructional Registration Policies/Procedures. 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 each box that applies)

ADV. TRAINING (Check each box that applies)

Session I (5 weeks) Nov 6 – Dec 13

- Footskills/Powershooting (Sun)
- Footskills/Fakes & Feints (Mon)
- NEW** Intro to Footskills (Tue)

Session II (4 weeks) Jan 9 – Jan. 31

- NEW** Intro to Footskills (Mon)
- Shooting & Finishing (Tue)

Session III (4 weeks) Mar 4 – Mar 27

- NEW** Intro to Footskills (Sun.)
- Footskills/Air Control (Mon.)
- Shooting & Finishing (Tue)
- Goalie Training (Tue.)

TRYOUT CAMP & WORKSHOP

- Tryout Camp (May 7,11,13 & 14)
- Tryout Workshop (May 14)

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 _____