

WEB 2011-12 ADULT Scramble & Monthly Clinic Registration Form

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

Adult Participant's Name

Address/City/Zip

Telephone (Primary)	(Alternate)	Email address
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Adult Player - MUST read & sign!

As the adult Registrant listed above, I have read & understand the Instructional Registration Policies /Procedures. I accept the responsibility that I 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 _____
Adult Participant Signature

(Check all boxes that apply)

ADULT CLINIC:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Aug. 14 | <input type="checkbox"/> Mar. 25 |
| <input type="checkbox"/> Sep. 11 | <input type="checkbox"/> Apr. 15 |
| <input type="checkbox"/> Oct. 2 | <input type="checkbox"/> May 20 |
| <input type="checkbox"/> Nov. 6 | |

ADULT SCRAMBLE

- Adult Scramble (Dec. 26)

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 _____