

WEB 2011-12 Registration Form:

Winter Break 4v4 Team Tournament &

Meriter Sports Medicine 4v4 Youth or Adult Scramble

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

Team Manager or Participant Name	Parent/Guardian Name (Youth Scramble Only)
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Address/City/Zip	(Youth Scramble Birthdate)	Grade
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Telephone (Primary)	(Alternate)	Email address
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Team Manager, Adult Participant, or Youth Parent/Guardian - MUST read & sign!

As an adult Participant, team manager or Parent/Guardian of the Registrant, I have read & understand the registration procedures described on this website. On behalf of the team/individual listed herein, I accept the responsibility that they will play according to the policies listed in the registration procedures & rules of play. 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 Team Manager or Scramble Adult Participant/Parent/Guardian signature

Check each box that applies

4V4 WINTER BREAK TOURNAMENT

(Enter team name below)

- | | |
|---|---|
| <input type="checkbox"/> U9/U10 mixed | <input type="checkbox"/> U13/U14 mixed |
| <input type="checkbox"/> U11/U12 mixed | <input type="checkbox"/> U13/U14 Girls |
| <input type="checkbox"/> U11/U12 Girls | <input type="checkbox"/> U15/U16 COED |

Team Name: _____ Team Color: _____
(alternate shirt colors to all games required)

4V4 SCRAMBLE

Mo. Jan. 16

- Middle School

Fr. Feb. 24

- U9/10
 U11/U12

Fr. Dec. 26

- NEW Adult Scramble**
 Adult Participant

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 _____