

Over  
**20** yrs

**WEB 2017-18 INDIVIDUAL Registration:**  
**4 v 4 SCRAMBLE**

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

Player's Name	Grade	Parent's Name
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Address/City/Zip
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Telephone (Primary)	(Alternate)	Email address
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**Team Adult Manager/Parent - MUST read & sign!**

As a Team Manager or Registrant/ Parent/Guardian, I have read & understand the registration procedures listed on the website Registration Page. On behalf of the team listed above, 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 offered during the upcoming season.

X \_\_\_\_\_  
Team Adult ManagerSignature

**4v4 SCRAMBLE**

**Check or complete all that applies**

- Tuesday Jan 2 Under 9, U10 & U11 (DOB: 2009, 2008 & 2007)
- Tuesday Jan 2 Under 11, U12 & U13 (DOB: 2007, 2006 & 2005)
  
- Monday Jan 15 Under 9 & U10 (DOB: 2009 & 2008)
- Monday Jan 15 Under 11 & U12 (DOB: 2007 & 2006)

**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 registration.

Master Card                       Visa                       Discover

Card Holder Signature X \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_