

**ADULT LEAGUE -TEAM ONLY**

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

Name of Team Manager

Address/City/Zip

Telephone (Primary) (Alternate) Email address

**Team Manager read & sign!**

As a team manager, I have read & understand the League registration procedures described on this website. As a team manager indicated above, I accept the responsibility that the TEAM will play according to the policies and rules detailed in the registration procedures and League Rules. Any participation to the contrary will be subject to removal from further participation of the players or the team without refund. I agree to allow Break Away Sports Center to contact me about soccer programs offered during the upcoming season

X \_\_\_\_\_  
Adult Manager Signature

(check or complete all that apply)

Any Preferences may be submitted in writing when registering (NOT GUARANTEED)

SESSION:  Winter I  Winter II  Winter III  Spring

TEAM NAME: \_\_\_\_\_ COLOR: \_\_\_\_\_

LEAGUE: (check or complete all that apply)

- Men's Recreational
- Men's Over 40
- Women's Skilled
- Adult Over 50
- Women's Open Recreational
- Coed Over 35
- Coed Mo/We
- Coed We/Fr
- Coed Su/We
- Women's Over 30

Average Age: \_\_\_\_\_  Adults Night prowler (Men's Rec or Coed)

SKILL LEVEL:  Very Skilled  Good  Intermediate  Low Skill

**CREDIT CARD PAYMENT**

(Office Use ID \_\_\_\_\_)

As the Representative registering the team above, 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 and that by registering with partial team payment, I accept and approve any remaining team fees will automatically be charged to this credit card after the first game of league play without any further notification.

- MasterCard
- Visa
- Discover
- Amer Express

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

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