

WEB: Registration Form 2017-18

ADULT - INDEPENDENT PLAYER

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

Independent player Name _____ Age _____

Address/City/Zip _____

Telephone (Primary) _____ (Alternate) _____ Email address _____

Adult Player read & sign!

As the adult player indicated above, I have read & understand the League registration procedures described on this website. As participant that the registrant indicated above, I accept and will play according to the policies listed in the registration procedures and League Rules. Any participation to the contrary will be subject to removal from further participation of myself, the participant, without refund. I agree to allow Break Away Sports Center to contact me about soccer programs offered during the upcoming season

X _____
Adult Player/Parent

(check or complete all that apply)

SESSION: Winter I Winter II Winter III Spring

LEAGUE: (check or complete all that apply)

Men's Recreational

Men's Over 40

Adult Over 50

Coed Over 35

Coed Mo/We

Coed We/Fr

Coed Su/We

Women's Skilled

Women's Open Recreational

Women's Over 30

Team mate(s) request: (Every effort will be made to complete a request)

SKILL LEVEL: Very Skilled Good Intermediate Low Skill

CREDIT CARD PAYMENT

(Office Use ID _____)

As the Representative registering the participant 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 individual registration in order to get placed on a team whenever possible. I accept and approve that such fees will automatically be charged to this credit card without any further notification.

MasterCard

Visa

Discover

Amer Express

Card Holder Signature X _____

Credit Card # _____ Exp. Date _____