

WEB 2017-18: LEAGUE Registration Form

YOUTH 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

Team Name: _____ **Color:** _____

League: mixed gender unless otherwise specified

small sided Under 6/U7 Under 7/U8 Under 9/U10 **Under 9/U10 Girls**

Under 10/11 Under 13/14
 Under 11/12 Under 15/16 Boys
 Under 17/18 Boys

Under 11/12 Girls
 Under 13/14 Girls

HS B Girls
 U16-18 Skilled Girls
 High School Coed

Skill Level: Very Skilled Good Intermediate Low

YOUTH Team Description: Number of Boys _____ Girls _____ Grades _____

Fall Outdoor League & Division: (ie Rec, Classic, Prem.) _____

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 _____