

# **WEB: Registration Form 2018-19**

## **ADULT - INDEPENDENT PLAYER**

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

Independent player Name \_\_\_\_\_ Age (helpful for finding like minded/age team) \_\_\_\_\_

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

(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 Mo/We

Coed We/Fr

Coed Su/We

Women's Skilled

Women's Open Rec

Women's Over 30

Women's Over 40 MiniTeam

**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 \_\_\_\_\_