

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

Participant's Name	IMPORTANT (Must play age appropriate with Jan 1 guidelines)	
	Player Date of Birth(mm/yy)	Grade:
Parent's Name		
Address/City/Zip		
Telephone (Primary)	(Alternate)	Email address

Parent/Guardian read & sign!

As a parent/guardian of the player indicated above, I have read & understand the League registration procedures described on this website. As the parent/guardian, I accept the responsibility behalf of the participant and that the registrant indicated above will play according to the policies listed in the registration procedures and League Rules including but not limited to the January 1guidelined and age appropriate birthdate policy. Any participation to the contrary will be subject to removal from further participation 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 Parent/Guardian Signature

WEEKLY INSTRUCTIONAL SESSIONS (Check all boxes that apply)

Session: A B C Spring

Classes:

Kitten: Class 1

Lynx: Class 3

LionCub: Class 2

Lynx: Class 4

Bobcat: Class 5

SPRING BREAK CAMP (Check all boxes that apply)

Mar 25 - 28

Ages 7-10 (9:00 - 11:00am)

Ages 11-13 (9:00 - 11:00am)

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 _____