

# **WEB 2018-19: LEAGUE Registration Form** **YOUTH INDIVIDUAL PLAYER**

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

Independent player	<b>IMPORTANT</b> (Must play age appropriate with Jan 1 guidelines)	
	Player Date of Birth(mm/yy)	Grade

Parent's Name
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Address/City/Zip
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Telephone (Primary)	(Alternate)	Email address
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### 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

### (check or complete all that apply)

**Session:**       Winter I                       Winter II                       Winter III

**League: Important-Check proper leaue** (Leagues are 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 Girls**     **HS B Girls**

Under 11/12     Under 15/16 Boys     **Under 13/14 Girls**     **U16-18 Skilled Girls**

Under 17/18 Boys     **High School Coed**

**YOUTH Team Description:** Number of Boys\_\_\_\_\_ Girls\_\_\_\_\_ Grades\_\_\_\_\_

**Fall Outdoor League & Division:** (ie Rec, Classic, Prem.)\_\_\_\_\_

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

\_\_\_\_\_

### 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                       AmerEx

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

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