

# WEB FALL CLASSES & FOOTSKILLS REGISTRATION **2017**

Detach this form and mail in with check or credit card payment to:

**Break Away Sports Center, Inc. 5964 Executive Drive, Madison, WI 53719**

**Complete information & check boxes which apply**

Individual Participant's Name	Grade:
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Parent's Name of Participant
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Address/City/Zip
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Telephone (Primary)	(Alternate)
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Email
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### Parent or Guardian MUST read & sign

As the parent/guardian of the participant listed above, I have read, understand and will abide by the registration procedures listed in this brochure as well as act under Break Away Sports Center's philosophy of sportsmanship and fair play. Furthermore, I agree to complete a Consent Form. Any participation to the contrary will be subject to removal from further participation without refund. I also give permission to allow Break Away Sports to contact me about soccer programs they offer during the upcoming season.

X \_\_\_\_\_  
Parent/Guardian signature

## YOUTH INSTRUCTIONAL CLASSES (Aug 28 - Oct 23)

Kitten  Class 1

LionCub  Class 2

Lynx  Class 3

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||  
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Bobcat  Class 5

Tiger  Class 6

## YOUTH ADVANCED TRAINING (Sept 18 - Oct 23)

INTRO to Footskills/Power shooting (Mon)

### CREDIT CARD PAYMENT

As the Representative registering my child, I understand by completing and signing or authorizing the credit card information below, I authorize the payment of all fees associated with the above individual registration.

Master Card       Visa       Discover       American Express

Card Holder Signature: \_\_\_\_\_

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