

2018**WEB FALL CLASSES REGISTRATION****2018**

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	Birthdate:
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Parent's Name of Participant

Address/City/Zip

Telephone (Primary)	(Alternate)
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Email

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, in Breakawaysports.com 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 27 - Oct 22)

LionCub/Kitten Class 1

Lynx Class 3

LionCub/Kitten Class 2

Bobcat Class 4

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: _____