

FALL 2017 Adult Skills Builder Registration

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

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

Registration Procedure

- Complete registration form and return with appropriate fee. All fees include tax.
- Submit to Break Away Sports Center, 5964 Executive Drive, Madison WI 53719
- No confirmation calls will be made.
- Participants are accepted on a first come, first registration basis.
- Individuals registering after Instructional Fee Deadline on Aug 14, will be charged a \$10 late fee.
- No refunds 1 week prior to program. Any refund requires a \$30 administration fee.
- All individuals are required to follow the rules and policies of Break Away Sports Center. **All players must sign the player consent form in order to play.**
- Individuals participating on a session by session basis must call ahead to confirm attendance availability.

Individual player		
Address	City	Zip
Telephone (primary)	(alternate)	
Email Address		

Participant Must Read and Sign: As the adult player, I have read & understand the registration procedures. I accept the responsibility the team or individual registrant indicated will play according to the policies listed in the registration procedures, team packet and rulebooks of Break Away Sports Center, Inc. Any participation to the contrary will be grounds for removal from further participation without refund to team or player. I also give permission to allow Break Away Sports to contact me about league news, and/or soccer programs they offer during the upcoming season by telephone or the email provided above. I understand that at anytime I may opted out.

X _____
Adult Player Signature

Adult Skills Builder

Fall Starting Aug 28

- Fall Session** (\$90)
(all 6 dates)
- 1 Class** (\$20)

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: _____