

WEB FALL 2017 ADULT LEAGUE 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

Team Manager or Independent Participant's Name

Address/City/Zip

Telephone (Primary) (Alternate)

Email

Manager/Independent Player: MUST read & sign

As a Team manager or 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 league news, such as schedule changes and/or soccer programs they offer during the upcoming season by telephone or the email provided. I understand that at anytime I may opt out.

X _____
Team Manager/Independent Player signature

Complete information by checking boxes which apply

TEAM OR INDIVIDUAL

- | | | |
|--|--|---|
| <input type="checkbox"/> Men's Rec | <input type="checkbox"/> Women's Open | <input type="checkbox"/> Adult Coed (Which Division) |
| <input type="checkbox"/> Men's Over 40 | <input type="checkbox"/> Women's Over 30 | <input type="checkbox"/> Mon/Wed (Fri) <input type="checkbox"/> Wed/Fri (Mon) |
| <input type="checkbox"/> Adult Over 50 | | <input type="checkbox"/> Sun/We <input type="checkbox"/> Over 35 (Wed/Fri) |

Team Name _____ Team Color _____
(must bring alternate color)

Skill Level: Skilled Good Intermediate Low

Average Age _____ (Adult Coed)

CREDIT CARD PAYMENT

As the Representative registering my self/team, I understand by completing and signing, or authorizing the credit card information below, I authorize the payment of all fees associated with the above team/individual registration and by registering with partial team payment, I accept and approve any remaining team fees will automatically be charged to this credit card after the first game of league play without any further notice.

- Master Card Visa Discover American Express

Card Holder Signature: _____

Credit Card #: _____ Exp. Date: _____