WEB Summer **INDOOR** Adult
INDIVIDUAL League Registration **2018**

Complete this Registration with complete payment and return to:
Break Away Sports Center, Inc, 5964 Executive Drive, Madison WI 53719

Individual player

Address City Zip

Telephone (home) (cell/work)

Email Address

Read & Sign
As the adult player listed above, I have read & understand the registration procedures as described for the Summer Indoor League Registration. I accept the responsibility the individual registrant indicated will play according to the policies listed in the registration procedures, team packet and rule of play at Break Away Sports Center, Inc. Any participation to the contrary will be grounds for removal from further participation without refund.

X _____
Independent player signature

INDOOR ADULT INDIVIDUAL (complete the following information)

LEAGUE: ☐ Women's Over 30 - Sun ☐ Over 50 - Mon

☐ Coed Social - Fri (Sun) **OR** ☐ Coed Social - Sun (Fri)

Individual Skill level: ☐ Good ☐ Fair ☐ Low

Age (optional): _____

Optional Credit Card Payment: **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.**

☐ MC ☐ Visa ☐ Discover ☐ Amer Express

Signature _____

Card # _____ Exp. Date _____