

2019
2020

WEB

LEAGUE Registration Form

YOUTH TEAM ONLY

Complete & Return to: **BREAK AWAY SPORTS CENTER INC, 5964 Executive Dr, Madison, WI 53719**

Name of Team Manager

Address/City/Zip

Telephone (Primary)

(Alternate)

Email address

Team Manager read & sign!

As a team manager, I have read & understand the league registration procedures described on this website. As a team manager indicated above, I accept the responsibility that the TEAM will play according to the policies and rules detailed in the registration procedures and League Rules. Any participation to the contrary will be subject to removal from further participation of the players or the team without refund. I agree to allow Break Away Sports Center to contact me about soccer programs offered during the upcoming season.

X _____

Adult Manager Signature

(check or complete all that apply)

Any Team Preferences may be submitted in writing when registering **(NOT GUARANTEED)**

Session:

Winter I

Winter II

Winter III

Team Name: _____ **Color:** _____

League: mixed gender unless otherwise specified

small sided Under 6/U7 Under 7/U8 Under 9/U10 Under 9/U10 Girls

Under 11/12

Under 15/16 Boys

Under 11/12 Girls

HS B Girls

Under 13/14

Under 17/18 Boys

Under 13/14 Girls

U16-18 Skilled Girls

High School Coed

Skill Level:

Very Skilled

Good

Intermediate

Low

YOUTH Team Description: Number of Boys _____ Girls _____ Grades _____

Fall Outdoor League & Division: (ie Rec, Classic, Prem.) _____

CREDIT CARD PAYMENT

(Office Use ID _____)

As the Representative registering the team above, 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 team registration and that 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 notification.

MasterCard

Visa

Discover

Amer Express

Card Holder Signature X _____

Credit Card # _____ Exp. Date _____