

WEB Youth Summer Instructional Registration Form 2010
Complete and return to: Break Away Sports Center, 5964 Executive Dr, Madison, WI 53719

Participant's Name	Age
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Parent's Name

Address/City/Zip

Telephone (home)	(work)	Email Address
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Adult Player or Parent/Guardian - MUST read & sign!

As an adult player or parent/guardian of a player, I have read & understand the registration procedures listed in this brochure. I accept the responsibility as a participant or on his/her behalf that the registrant indicated above will play according to the policies listed in the registration procedures. Any participation to the contrary will be subject to removal from further participation without refund. I agree to allow Break Away Sports Center to contact me about soccer programs they offer during the upcoming season.

X _____
Parent or Guardian signature

Summer Programs: (Check those that apply):

- Session I Session II

Classes:

- Lion Cub Lynx Bobcat

Optional MC or Visa Credit Card Payment

I authorize the associated activity payment to be charged to my credit card

Signature: _____

Card # _____ Exp. Date: _____