

WEB 2010-11 Registration Form: Middleton Sports & Fitness 4v4
 Team Tournament & Meriter Sports Medicine 4v4 Scramble

Complete & Return to:

BREAK AWAY SPORTS CENTER, INC., 5964 Executive Dr., Madison, WI 53719

Team Manager or Participant Name	Parent/Guardian Name (Scramble Only)
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Address/City/Zip	Date of Birth	Grade
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Telephone (Home)	(Work)	Email address
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Team Adult Manager/Parent - MUST read & sign!

As a team manager/Parent/Registrant, I have read & understand the registration procedures listed in this brochure. On behalf of the team/individual listed herein, I accept the responsibility that they will play according to the policies listed in the registration procedures & rules of play. 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 _____
 Adult Team Manager or Scramble Parent/Guardian signature

Check each box that applies

4V4 WINTER BREAK TOURNAMENT

(Enter team name below)U9/U10 mixed

- U11/U12 mixed
- U11/U12 **Girls**
- U13/U14 mixed
- U13/U14 **Girls**
- U15/U16 **COED**

Team Name: _____ Team Color: _____
 (alternate shirt colors to all games required)

4V4 SCRAMBLE

<u>Mo. Jan. 17</u>	<u>Fr. Jan. 21</u>	<u>Fr. Feb.25</u>
<input type="checkbox"/> Middle School	<input type="checkbox"/> U9/U10/U11	<input type="checkbox"/> U9/10
<input type="checkbox"/> Meriter for Parent	<input type="checkbox"/> Meriter for Parent	<input type="checkbox"/> U11/U12

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 team/individual registration.

- Master Card Visa Discover

Card Holder Signature X _____

Card # _____ Exp. Date _____