WEB *2021-22*: *LEAGUE Registration Form*
YOUTH INDIVIDUAL PLAYER

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

Independent player	**IMPORTANT** (Must play age appropriate with Jan 1 guidelines)	
	Player Date of Birth (mm/yy)	Grade

Parent's Name

Address/City/Zip

Telephone (Primary)   (Alternate)   Email address

Parent/Guardian read & sign!

As a parent/guardian of the player indicated above, I have read & understand the league registration procedures described on this website. As the parent/guardian, I accept the responsibility on behalf of the participant and that the registrant indicated above will play according to the policies listed in the registration procedures and League Rules including but not limited to the January 1 guideline and age appropriate birthdate policy. Any participation to the contrary will be subject to removal from further participation the participant without refund. I agree to allow Break Away Sports Center to contact me about soccer programs offered during the upcoming season.

X _____

Adult Parent/Guardian Signature

(check or complete all that apply)

Session: ☐ Winter I   ☐ Winter II   ☐ Winter III

League: Important-Check proper league (Leagues are 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**

YOUTH Team Description: Number of Boys_____ Girls_____ Grades_____

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

Team-mate(s) request: (Every effort will be made to complete a request)

_____   _____   _____

CREDIT CARD PAYMENT   (Office Use ID _____)

As the Representative registering the participant 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 individual registration in order to get placed on a team whenever possible. I accept and approve that such fees will automatically be charged to this credit card without any further notification.

☐ MasterCard   ☐ Visa   ☐ Discover   ☐ AmerEx

Card Holder Signature X _____

Credit Card # _____ Exp. Date _____