

**TEAM
2020****WEB Summer Adult
OUTDOOR League Registration**

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

Team manager

Address

City

Zip

Telephone (home)

(cell/work)

Email Address

Read & Sign

As the team manager, I have read & understand the registration procedures as described for the Summer Outdoor League requirements and registration/scheduling procedures. Registration. I accept the responsibility that the team indicated above will play according to the policies listed in the League flyer, registration procedures, team packet and rules of play for Break Away Sports Center, Inc., including but not limited to new COVID-19 policies. Any participation to the contrary will be grounds for removal from further participation without refund to team or player.

X _____
Team Manager signature

OUTDOOR ADULT TEAM SOCCER (complete the following information)

Team Name: _____ Team Color: _____

Skill Level:☐

Good

☐

Fair

☐

Low

Recreational Leagues:☐

Men's 7v7 (Thu)

☐

Over 40 8v8 (Thu)

☐

Adult Coed 8v8 (Tue)

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 registration.

☐

MC

☐

Visa

☐

Discover

☐

Amer Express

Signature _____

Card # _____

Exp. Date _____