

OVER 40 Registration **SUMMER 2021**

YOU MUST BRING ALTERNATE COLOR SHIRT (PULLOVERS WILL NOT BE AVAILABLE)

REGISTRATION PROCEDURE

1. Complete the attached registration form and mail in or fax in with the appropriate class fee(s). Fax # is (608) 288-8582. No confirmation calls will be made. All fees include tax.
2. Limited space requires registration for every session and is on a first come first serve basis. **NO REFUNDS or credit after** start of session.
3. Any player refund prior to the start of session requires a \$30 processing charge or full credit to next session only.
4. Player Pass Member's spot will be reserved for participation only until 7:55! At the expiration of this time, the reserved spot will be open to next attending participant.
5. **All players are required to sign a player consent form in order to participate.**
6. Activity may be cancelled due to low enrollment (fully refunded).

SEE OUR WEBSITE FOR COMPLETE COVID-19 POLICIES (breakwaysports.com)

Detach this form and mail in with check or credit card payment to:

Break Away Sports Center, Inc. 5964 Executive Drive, Madison, WI 53719

Individual player		
Address	City	Zip
Telephone (primary)	(alternate)	
Email Address		

Participant Must Read and Sign: As the adult player, I have read & understand the registration procedures. I accept the responsibility the team or individual registrant indicated will play according to the policies listed in the registration procedures, team packet and rulebooks of Break Away Sports Center, Inc. Any participation to the contrary will be grounds for removal from further participation without refund to team or player. I also give permission to allow Break Away Sports to contact me about league news, and/or soccer programs they offer during the upcoming season by telephone or the email provided above. I understand that at anytime I may opted out.

X

Adult Player Signature

**Over 40 Open Play
Summer Season Pass
\$189**

CREDIT CARD PAYMENT

As the Representative registering my child, I understand by completing and signing or authorizing the credit card information below, I authorize the payment of all fees associated with the above individual registration.

Master Card Visa Discover American Express

Card Holder Signature: _____

Credit Card #: _____ Exp. Date: _____