

WEB **SUMMER OUTDOOR** Adult **2021** League Registration **2021**

Complete the this Registration with complete payment and return to:

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

Team manager	Individual player
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Address	City	Zip
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Telephone (home)	(cell/work)
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Email Address

Read & Sign

As the team manager or adult player, I have read & understand Summer League Requirements and Summer registration/scheduling 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.

X _____
Manager signature or Independent player

INDOOR ADULT SOCCER (complete the following information)

☐ Individual (\$70) **OR**

☐ Team - Name: _____ Team Color: _____

LEAGUE: ☐ Men's Rec League ☐ Over 40

☐ Adult Coed League

Skill level ☐ Good ☐ Fair ☐ Low

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.

☐ MC ☐ Visa ☐ Discover ☐ Amer Express

Signature _____

Card # _____ Exp. Date _____