

Registering for Travel Soccer Tryouts

1. Login to your account on the Hopatcong Soccer website and click on the **Programs Available** button to view the registration programs available for your child's age group.



Participants:

Bobby Doe 
D.O.B: January 02, 2013
Email Address:

1 Programs Available!

2. Click on the **Register** button. There is no cost for the Travel Soccer tryouts. The price will remain at \$0.00 until your child has committed to a team.



Programs Available for Bobby Doe

2016/2017 Travel Soccer Activity Type: Soccer

1 **2013 Division**
Start and End Dates: 06/01/2016 & 06/20/2017 \$0.00

+ REGISTER

3. After you click the **Register** button it will change to **Selected**. Next, click the **Continue** button.



Programs Available for Bobby Doe


2016/2017 Travel Soccer Activity Type: Soccer

1 **2013 Division**
Start and End Dates: 06/01/2016 & 06/20/2017 \$0.00

✓ SELECTED

+ Add Another Participant << Back Continue >

4. Answer the Program Information questions on this screen. The questions with a red asterisk are required. When you are finished click the **Continue** button.

 Program Information needed for Bobby Doe

1 2016/2017 Travel Soccer > 2013 Division > Bobby Doe ? ↻

Please check the items (if any) that your child is allergic to:*

- Latex
- Bug/Insect bites
- Milk
- Soy
- Penicillin
- Ragweed
- Bee Stings
- Peanuts
- Eggs
- Wheat
- Pollen

Is your child allergic to anything not listed above?

Does your child need an Epi Pen?*

Yes
 No

Does your child have asthma?*

Yes
 No

If yes, does your child use an inhaler? (If yes then the inhaler must be with your child during practices and games)

Yes
 No

Is your child diabetic?*

Yes
 No

Please list any other medical conditions here (ie. color blindness, PTSD, ADD, ADHD, hearing loss)

Do you agree to the following:

I/We, do hereby give my approval for his/her participation in all Hopatcong Hawks Soccer Club (HHSC) activities and assume all risks and hazards incidental to such participation. I/We further do hereby waiver, release, absolve, indemnity and agree to otherwise hold harmless HHSC, its officers, board members, coaching staff, sponsors and other participants, whether the result of negligence or any other cause, except to the amount covered by medical or liability insurance. I/We recognize that HHSC is governed by a set of rules, regulations and/or by-laws, and agree to conduct our self in accordance there with and to exercise our influence where appropriate on those for whom we are responsible in order to encourage proper conduct and decorum. I/We do further understand that, from time-to-time, the HHSC may obtain images or photographs of our child participating in soccer or soccer-related activities. I/We do hereby consent to the reasonable use of any photograph/image by the HHSC in relation to its activities, including advertisements or the club's website. Refund policy is at the discretion of the club (HHSC) © The HHSC logo is copyright material. Any reproduction without consent is unlawful.

I accept the waiver*

Name of Insurance Company*

Insurance Policy Number*

5. After you answer the questions you will be taken to the Registration Summary screen. Even though there is no payment due for the Travel Soccer tryouts you must click the **Continue** button and continue through the next few screens until you receive your e-mail confirmation.

Registration Summary

1 2016/2017 Travel Soccer > 2013 Division > Bobby Doe ⓘ ↕

Payment Options:

PAY IN FULL	\$0.00	✓ SELECTED
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Registration Breakdown:



Tryout Fee	\$0.00
Subtotal	\$0.00

✗ Remove from cart

CONTINUE

6. Answer the billing address question and click the **Continue** button.

Payment Information

Payment Method* **Credit Card**  

? Is the billing address same as the primary account holder's address? **Yes**

First Name* Jane

Last Name* Doe

Address 1* 100 Main Street

Address 2

City, State* Hopatcong New Jersey



Zip* 07843

CONTINUE

- Click the **Continue** button under the confirmation section to finish your registration.

Confirmation

Registration Breakdown by Participant

 1 2016/2017 Travel Soccer > 2013 Division > Bobby Doe 

Paid in Full	
Tryout Fee	\$0.00

ORDER TOTAL: \$0.00



DUE TODAY: \$0.00

<< Back **Continue**

- Your registration order summary will display. You will also receive an e-mail confirmation. Please review the information at the bottom of the screen (and in the e-mail) regarding the Travel Tryout Schedule. This information can also be found on the website.

Registration Order Summary

Registration Breakdown by Participant

 1 2016/2017 Travel Soccer > 2013 Division > Bobby Doe 

Description	Price	Balance Amount
Tryout Fee	\$0.00	\$0.00

ORDER TOTAL: \$0.00

Payment Amount: \$0.00

Order Detail

Order Number	2016430168
Name	Jane Doe
Address	100 Main Street
City/State/Zip:	Hopatcong NJ 07843

Order Confirmation Message for: 2016/2017 Travel Soccer
Thank you for registering for the 2016/2017 Hopatcong Hawks Travel Soccer Tryouts. Tryouts are spread over 3 days and your child **MUST** attend 2 of the 3 days of tryouts. Tryouts are May 24th - 26th from 6:00 - 9:00 PM. Here is the session schedule:

- 6:00 - 7:30 PM session for children born between 2006 - 2010
- 7:30 - 9:00 PM session for children born between 2002 - 2005

Accepting a Position on a Travel Soccer Team

Congratulations! Your child has been selected to join a Travel Soccer team. After you receive your e-mail notification follow these steps to accept their position on the team.


1. Login to your account on the Hopatcong Soccer website and click on the **Accept or Decline Position** button.





2. Accept the Club Policy and click the **Continue** button.



3. Answer the Program Information questions on this screen. The questions with a red asterisk are required. When you are finished click the **Continue** button.

 *Program Information needed for Bobby Doe*

1 2016/2017 Travel Soccer > 2013 Division > Bobby Doe  

What is your child's current jersey number (if applicable)? If your child does not currently have a jersey number please enter n/a.*

What is your child's first choice for a jersey number? *

What is your child's second choice for a jersey number? *




What is your child's third choice for a jersey number? *

Will your child be attending the Winter Indoor Program? * Yes No



<< Back **Continue** >

4. Choose your payment plan and click the **Continue** button. If you do not want to accept the position on the team then click the **Remove from cart** button.

Registration Summary

 1 2016/2017 Travel Soccer > 2013 Division > Bobby Doe  

Payment Options:

PAY IN FULL	\$600.00	+ SELECT
3 Payment Plan	\$600.00	+ SELECT 
6 Payment Plan	\$600.00	+ SELECT 

Registration Breakdown:



Division Price	\$600.00
Subtotal	\$600.00

Remove from cart

CONTINUE

5. Enter your credit card information and click the **Continue** button.

Payment Information

Payment Method* **Credit Card**  

Card Number*

Expiration Date*

Security Code* [What's this?](#)

Is the billing address same as the primary account holder's address? Yes

First Name*

Last Name*

Address 1*

Address 2

City, State*



Zip*

CONTINUE

6. Click the **Continue** button under the confirmation section to finish your registration.

Confirmation

Registration Breakdown by Participant

 1 2016/2017 Travel Soccer 2013 Division Bobby Doe 

6 Payment Plan Selected

Division Price	\$600.00
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ORDER TOTAL: \$600.00



DUE TODAY: \$100.00

[« Back](#) **Continue**

- Your registration order summary will display. You will also receive an e-mail confirmation. Please review the payment schedule for the payment plan you chose.

Registration Order Summary

Registration Breakdown by Participant

	1	2016/2017 Travel Soccer	2013 Division	Bobby Doe	
Description	Price			Balance Amount	
Division Price	\$600.00			\$600.00	
Total Installment Fee	\$100.00				

<i>ORDER TOTAL: \$600.00</i>	
<i>Payment Amount: \$100.00</i>	
<i>Open Balance: \$ 500.00</i>	

Order Detail	
Order Number	2016430211
Name	Jane Doe
Address	100 Main Street
City/State/Zip:	Hopatcong NJ 07843

Payment Schedule					
	1	2016/2017 Travel Soccer	2013 Division	Bobby Doe	
Payment Plan " 6 Payment Plan " selected					
Payment Date	Installment Amount	Installment Fee	Amount To Be Charged		
05/01/2016	\$100.00	\$0.00	\$100.00		
10/01/2016	\$100.00	\$0.00	\$100.00		
11/01/2016	\$100.00	\$0.00	\$100.00		
02/01/2017	\$100.00	\$0.00	\$100.00		
03/01/2017	\$100.00	\$0.00	\$100.00		
04/01/2017	\$100.00	\$0.00	\$100.00		

Order Confirmation Message for: 2016/2017 Travel Soccer

Thank you for accepting your position on the team. You will be hearing from your coach in the near future.