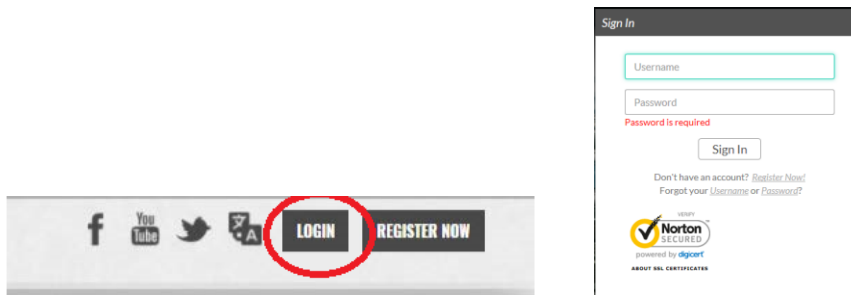


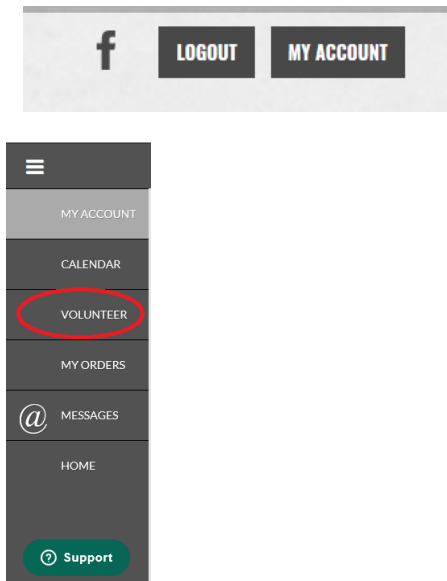


## How to register as a Volunteer if you already have an Account

1. Go to 5citiesayso.com and click on Login. Then sign in



2. Once logged in click on **My Account** then **Volunteer**.



3. Then click find Volunteer Roles. Top right hand side



#### 4. Select Program(s) to View Volunteer Roles

Additional Program Positions			
Programs	Activity Type		
1	2018 Fall Core	Soccer	Select
2	Volunteer Registration - MY17	Soccer	Select
3	Volunteer Registration - MY18	Soccer	Select

Back View Available Positions

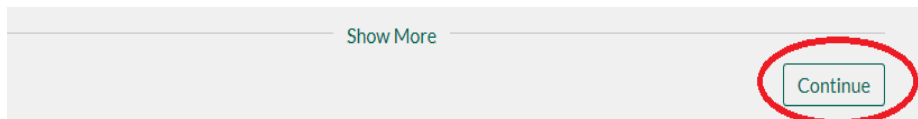
- Select Fall Program
- Then select **View Available Positions**

#### 5. Select Volunteer Role

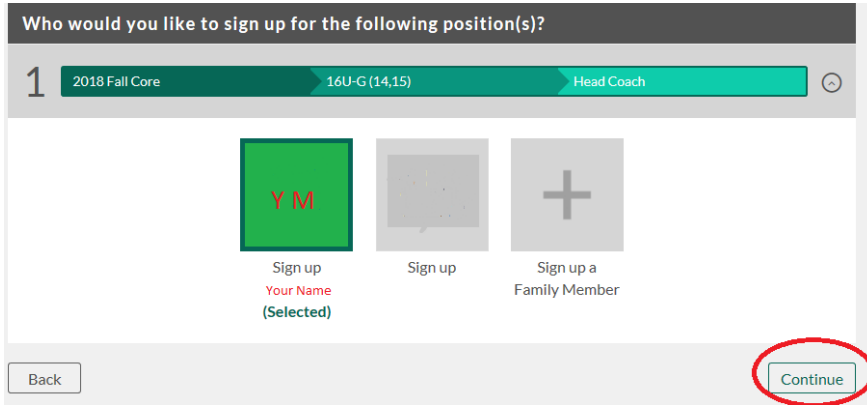
- Scroll down until you find the **age division** you are volunteering for
- Find Volunteer role and click **Sign Up**

13	2018 Fall Core	16U-G (14,15)	Positions
Assistant Coach			Sign Up
Head Coach			Sign Up
Volunteer Coordinator			Sign Up
Board Member			Sign Up
Picture Day			Sign Up
Youth VIP Buddy			Sign Up
Sponsor			Sign Up
Youth Referee			Sign Up
Division Coordinator			Sign Up

- Once Sign Up is selected scroll down and click **Continue**



6. Select the name of the volunteer and click “Continue.”



7. Additional Position Information

- Review info.
- Add last for digits of your SSN #
- Enter Driver’s license #
- Answer Question 1

Have you ever been convicted of a crime (felony or misdemeanor)?\* ①

Select

- Scroll Down **Click I Accept** then **Click Continue**

I accept\*



8. Volunteer E-Signature

Volunteer E-signature for **Your Name**

2018 Fall Core 16U-G (14,15)

Head Coach

[Click Here to eSign Form](#)

### 9. Review Application and E-Sign

- a) Click on the box next to the words "I agree to use an electronic signature."
- b) Click on the radio button next to the words "I am an adult of the age of majority in my state ...."
- c) Type your name in the yellow box for "Volunteer Signature."
- d) Click on "Continue to Review."

**Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements**

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

I HAVE READ THE EMERGENCY AUTHORIZATION AND ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

I agree to use an electronic signature ([read more](#))

I am an adult of the age of majority in my state. I agree the terms and conditions hereof shall apply to all of my participation in the Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Volunteer Signature *Your Name* \_\_\_\_\_ Date \_\_\_\_\_

I represent and warrant that I am the parent or legal guardian of the Player named on this application, a minor, and that I am authorized on behalf of myself, Player and our heirs and assigns, to hereby enter into this Waiver Agreement IN CONSIDERATION OF Player's being able to participate in the Events. I agree the terms and conditions hereof shall apply to all of my Player's participation in any Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Parent/Guardian Signature *Type your name to sign* \_\_\_\_\_ Date \_\_\_\_\_

(Please signify your agreement with the foregoing by signing in the space indicated on the top of this form.)

[Back](#) [Cancel this application](#) [Continue to review](#)

### 10. Submit Application

- Scroll down and submit

By affixing my signature on the reverse side of this form, I, on behalf of myself, and my heirs, assigns and next of kin, hereby enter into this Waiver Agreement IN CONSIDERATION OF my being able to participate as a volunteer at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO") and to enter the premises or facilities where the EVENTS are taking place.

**BACKGROUND CHECK WAIVER, CONSENT AND RELEASE OF LIABILITIES:** I hereby consent to the investigation and verification of all information given on this application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews. I hereby release and agree to hold harmless AYSO and its officers, employees and volunteers and any person or organization that provide information for or to AYSO concerning my background or any attempt to verify the information provided in this application. I declare that all of the information given by me on this application is true and complete to the best of my knowledge, and understand that any misrepresentation or omission may be cause for suspension or dismissal from my volunteer status with AYSO. I acknowledge that I have the right to receive a copy of any background check report secured by AYSO. If I have checked the box following this sentence, I would like to receive a copy of any such background check. Yes [ ]

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I ACKNOWLEDGE THAT PARTICIPATION IN SOCCER NECESSARILY INVOLVES TRAVEL, PARTICIPATION ON ADVERSE FIELD CONDITIONS, CONTACT WITH CONSIDERABLE FORCE, AND RISK OF SEVERE, PERMANENT PHYSICAL INJURY INCLUDING BRUISES, SCRAPES, STRAINED, SPRAINED OR TORN MUSCLES, TENDONS OR LIGAMENTS, BROKEN BONES, DISLOCATION OF JOINTS, CONCUSSION, BRAIN DAMAGE, NERVE AND SPINAL CORD INJURY, PARALYSIS AND DEATH. I WILLINGLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES.

**I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS**, TO THE FULLEST EXTENT PERMITTED BY LAW, AYSO, ITS PLAYERS, EMPLOYEES, VOLUNTEERS, OFFICIALS, SPONSORS AND OTHER REPRESENTATIVES AND ALL OWNERS, LESSORS, LESSEES OR OTHER PERSONS OR ENTITIES ALLOWING THE USE OF FACILITIES BY AYSO AND THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES ("RELEASEES") FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, COSTS, EXPENSES AND COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO A LOSS, INJURY OR OTHER DAMAGE TO ME OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OR INDIVIDUALS I INVITE OR FOR WHOM I AM OTHERWISE RESPONSIBLE, OR THEIR PROPERTY, WHILE PARTICIPATING IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I ACKNOWLEDGE THAT AYSO IS PRIMARILY ADMINISTERED BY VOLUNTEERS RATHER THAN PAID PROFESSIONALS.

I ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE IN WHICH PARTICIPATION TAKES PLACE AND AGREE THAT IF AN PORTION OF THIS WAIVER AGREEMENT IS DEEMED TO BE INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at <http://www.ayso.org>, as may be amended from time to time, and either I have read and understand the terms or I will do so before I participate in any EVENTS.

For internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio visual recordings of me consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, as may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from time to time, and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and I understand that I may be removed as an AYSO volunteer at any time with or without cause.

(Please signify your agreement with the foregoing by signing in the space indicated on the top of this form.)

[Return to edit this form](#) [Submit signed volunteer application](#)

### 13. Your Application is Complete

If you do need further assistance please call the Blue Sombrero Support Center at 866-258-3303. Or you can also send an email [support@bluesombrero.com](mailto:support@bluesombrero.com).