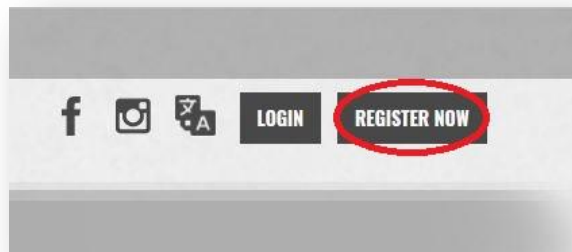




HOW TO REGISTER A PLAYER USING THE NEW SYSTEM

Please use this helpful guide to assist you in registering your player for soccer! You can print these instructions, or download them to your computer or mobile device. If you have any questions or need help please contact the webmaster.



Step 1: REGISTER NOW!

At the top of the website, you will see a button that says “**Register Now**”. Click on that button.

Create New Account

First Name

Last Name

Email Address

Create Username

Password

Confirm Password

Create Account!


Already have an account? [Sign in here!](#)
Forgot your [Username](#) or [Password](#)?
[Click here to register through eAYSO](#)

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Step 2: Create a New Account

After you click on “**Register Now**”, you will see this box. Fill out the information with YOUR information. You will then create a username and a password. After you are done, click on “**Create Account**”

Primary Parent/Guardian Information



John Doe

Email: [redacted]

Username: johndoe01

Gender*

Select your relationship to your participants:*

Job*

Employer*

Address*


Address Unit

City*

Step 3: Primary Parent/Guardian Information

On this step you will enter your information again but in more detail. Just fill out the required information and click on **“Continue”**.

Which best describes you?



I am a parent or guardian registering a participant

Select this option if you are registering a participant in an activity. You'll also have the option to volunteer or sign up as a team coach or other personnel here.



I am a team coach or other team personnel

Select this option if you want to skip registering a participant and only sign up to coach or volunteer.



I am registering myself in an activity

Select this option if you are registering yourself as a participant in an activity.


Step 4: Which best describes you?

After you have completed step 3, this pop up will show. Since you are a parent or guardian registering your child, you will need to click on the far left bubble labeled **“I am a parent or guardian registering a participant”**

Add New Participant:

? Is the participant the same as the primary account holder? **No**

Click here if the players address is the same as the account holder.



Gender*

First Name*

Middle Name

Last Name*

Step 5: Add New Participant

In this step you will fill out some of the information of your child. If your child has the same address as you, click on the switch, this turns it from **“No”** to **“Yes”**. Then all you have to do is fill out the information, click on **“Continue”**

Registration Notes

Price shown below may not include any additional applicable fees. View your shopping cart for further details.

Programs Available for Jimmy Doe

2017 Fall Core	Activity Type: Soccer	
1 U16-B (14, 15) Start and End Dates: 08/01/2017 & 12/01/2017	\$0.00	+ REGISTER

Step 6: Selecting a Program

On this screen you will see, based on your child's DOB, All available programs for them to participate in.

Step 7: Program Information

E-signature for Jimmy Doe

2017 Fall Core > U16-B (14, 15)

[Click Here to eSign Form](#)

[View My Cart](#)

Cart Summary **1**

Registration: \$17.50
Cart Subtotal: \$17.50

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ABOUT SSL CERTIFICATES

[Back](#) [Continue](#)

Here you will fill out the rest of the information for your player. Then after you have filled out all of the information you will read and accept all of the waivers.

Program Information needed for Jimmy Doe

Emergency Contact First Name*

Emergency Contact Last Name*

Emergency Contact Phone number*

1 2017 Fall Core > U16-B (14 & 15) > Jimmy Doe

Mailing Address* 60 Characters Remaining

Medical Release

Step 8: E-Signature

On this step you will click on "[Click here to eSign Form](#)" this will take you to the following page.

- o Please scroll down & click the checkbox to indicate you agree to use electronic signatures.
- o Type your name to electronically sign this document.
- o Finally, scroll down and click the CONTINUE TO REVIEW button at the bottom of this page to proceed to the final page.

Player Registration Form
Membership Year: _____
AYSO ID #: _____

American Youth Soccer Organization
www.ayso.org

Region Number 54	Division U16-B (14, 15)	Check if a VIP Player <input type="checkbox"/>	Loc. Code _____
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Player						
First Name Jimmy	Middle Name _____	Last Name Doe	Suffix _____	Area Code _____	Telephone _____	
Nickname _____	Street Address 123 w somewhere street		City somewhere	State California	Zip Code 98765	
Mailing Address (if different from street address) 1234 somewhere st				City somewhere	State CA	Zip Code 98765
Emergency Contact (other than parent) John Doe		Area Code 714	Emergency Telephone 321-7654	Physician Name Dr. Henry O'Connor		Physician Telephone 987-6543
Gender <input checked="" type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate _____	Age _____	School Name _____	Family E-mail address _____		
Medical Insurance Carrier Policy # _____			Siblings to play with: _____			
Yrs of Experience 4			Height 140	Weight 140		
Region Specific Message: _____				Current Injuries or Minor Physical Limitations or other medical condition the coach should know about: Yes none		

If Player is a minor, provide Parent/Guardian #1 <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other						
First Name John	Middle Name _____	Last Name Doe	State California	Zip Code 98765	E-mail Address _____	
Address (if different from player) 123 w somewhere street		City somewhere		Area Code 714	Home Telephone 123-4567	AYSO is an all volunteer organization. I apply to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other _____
Employer Doe Enterprise	Area Code 714	Business/Cellular Telephone 321-7654	Area Code 714	Home Telephone 123-4567		
If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.						

If Player is a minor, provide Parent/Guardian #2 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
First Name _____	Middle Name _____	Last Name _____

Here you will verify all of your information, then **click** on the box agreeing to use an electronic signature, Click on the first circle & type in your name. You do not need to sign the second box.

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 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 AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

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

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 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, participation takes place, unless superseded by a new player application.

Parent/Guardian Signature Type your name to sign _____ Date _____

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 a new player application.

Player Signature Type your name to sign _____ Date _____

DOB Verification	Check Number

After this you will be taken to review all of your information again, just click on "Continue"

Step 9: Finishing the E-Signature

E-signature for Jimmy Doe

2017 Fall Core

U16-B (14, 15)

E-Signature Complete

<< Back
Continue >>

Click on **"Continue"**

Step 10: Volunteer Positions

The following positions are available

1 2017 Fall Core → U16-B (14, 15) Jimmy is registered here!

Assistant Coach	SIGN UP
Head Coach	SIGN UP
Referee	SIGN UP
Team Parent	SIGN UP

Show More

I do not wish to volunteer at this time

<< Back Continue >>

Please volunteer by clicking on **“Sign Up”** next to one of the options & click on **continue**. We are a volunteer organization, without you we would not have AYSO!

There are more positions open besides what is shown, just click on “Show More”

If you do not wish to volunteer, or you might be undecided click on **“I do not wish to volunteer at this time”** on the bottom & click **continue**.

Step 11: Registration Summary

Registration Summary

1 2017 Fall Core → U16-B (14, 15) → Jimmy Doe

Payment Options:

PAY IN FULL	\$17.50	✓ SELECTED
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Registration Breakdown:

Division Price	\$0.00
AYSO Membership Fee	\$17.50
Subtotal	\$17.50

Remove from cart

CONTINUE

Here you will see the breakdown of costs; it will show the cost of the division registration, the AYSO Membership Fee and your subtotal. Click on **“Continue”**. The AYSO Membership Fee is good for one year; you would not have to pay this again when you register for spring.

Payment Information

Payment Method for Registration*

For cash or check payments contact your Region's Registrar for instructions to complete your order.

Cards Accepted*



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*

Once you click "**Continue**", you will need to pay for your registration. Here you can enter your credit card information and click on "**Continue**".

Keep clicking "**Continue**", until you are at the end of the registration process.