Create a user profile:

Click the register button on the top right corner of the screen.

Z A	LOGIN	REGISTER	

Enter your name, email address, username and password information and click create account:

Crea	ate New Account
	First Name
	Last Name
	Email Address
	Create Username
	Password
	Confirm Password
	Create Account!
	Already have an account? <u>Sign in here!</u> Forgot your <u>Username</u> or <u>Password</u> ?

Primary Parent/Guardian Inform	nation
Upload Photo	Test User Email: test@wvrecsoccer.org Username: wvuser1234
Gender*	Select Gender 🔻
Street*	
Unit#	
City*	
State*	<not specified=""></not>
Zip Code*	
Telephone	
Cell Phone*	
Additional Parent / Guardian Inf	ormation
Gender	Select Gender 🔹
First Name	
Last Name	
Additional Contact Email	
	«Back Continue)

The next screen you will enter your contact information then click continue:

The pop-up will display where you choose your account type. Select "I am a parent or guardian registering a participant"



Next screen is where you would add your children into the registration system:

Enter their information and click continue on the bottom. If you have more than one child you can click Add Another Participant to add them.

Add New Participant:		0
Is the participant the s	same as the primary account holder?	<u>No</u>
Upload Photo		
Gender*	Select Gender	T
First Name*		
М.І.		
Last Name*		
Suffix		
Date of Birth*	Month T Day T Year	v
Email Address		
Cell Phone		
Is the participant's add	ress same as the primary account holder?	No
Street*		
Unit#		
City*		
State*	<not specified=""></not>	Ŧ
Zip Code*		
+ Add Another Participant		«Back Continue)

In this example, we added 2 participants each in their own age group.

For each child, click "REGISTER" Next to the division you wish to enroll them in and it will change to "SELECTED" then click continue.

Programs Available for Player One User		
Fall 2016 Recreation Soccer	Activity Type: Soccer	\odot
1 U11 - 8/1/2005 - 7/31/2007 Start and End Dates: 08/29/2016 & 11/05/2016	\$55.00	0 SELECTED
Fall 2016 TOPSoccer (children with disabilities)	Activity Type: Soccer	\odot
1 TOPSoccer (for children with disabilities) Start and End Dates: 09/03/2016 & 10/29/2016	\$0.00	• + REGISTER
Programs Available for Player Two USer		
Fall 2016 Recreation Soccer	Activity Type: Soccer	\odot
1 U9-8/1/2007-7/31/2009 Start and End Dates: 08/29/2016 & 11/05/2016	\$55.00	0 SELECTED
Fall 2016 TOPSoccer (children with disabilities)	Activity Type: Soccer	\odot
1 TOPSoccer (for children with disabilities) Start and End Dates: 09/03/2016 & 10/29/2016	\$0.00	9 + REGISTER
+ Add Another Participant		«Back Continue)

Complete the individual player registration which includes jersey size, insurance information, special requests and a waiver then click continue. If you are missing required fields it will note it in Red next to the fields after you click continue.

Fall 2016 Recreation Soccer	U11-8/1/2005-7/31/2007	Player One User	0
Are you a Hardyston Resident?* (Required for reporting to Hardyston for field usage)	Make a Selection		
Medical Release	Recognizing the possibility of injury or Soccer and members of US Youth Socce soccer programs and activities of US Yo consent to my son/daughter participati discharge, and otherwise indemnify US sponsors, their employees, associated p of fields and facilities utilized for the Pr player son/daughter as a result of my so- and/or being transported to or from the transportation of my son/daughter to or My player son/daughter has received a doctor and has been found physically or have provided written notice, which is attached hereto, setting forth any spec what is specified above, that my child h the Programs. I give my consent to have doctor or dentist provide my son/daugh and agree to be financially responsible and/or treatment.	illness, and in consideration for US er accepting my son/daughter as a outh Soccer and its members (the ' ing in the Programs. Further, I here 'Youth Soccer, its member organiz bersonnel, and volunteers, includii 'ograms, against any claim by or or on's/daughter's participation in the e Programs. I hereby authorize the or from the Programs. physical examination by a license apable of participating in the spor submitted in conjunction with this ific issue, condition, or ailment, in as or that may impact my child's p e an athletic trainer and/or license ther with medical assistance and/or for the reasonable cost of any suc	S Youth player in t "Programs" eby release tations and ng the own n behalf of e Programs e d medical t of soccer. s release an addition to articipation ed medical pr treatment h assistance
I accept the waiver*			
Insurance Company*			
Insurance Policy Holder*			
Insurance Policy #*			
School Name 🚯			
Years of Experience?			
Teammate Request? (Not			

Sign up to Volunteer, for each child you have the ability to request to volunteer either as a head or assistant coach. If you do not wish to volunteer choose the I do not wish to volunteer at this time checkbox.

Fall 2016 Recreation Soccer Player Two is registered here!	U9-8/1/2007-7/31/2009
Assistant Coach	
Q Head Coach	I SIGN UF
Fall 2016 Recreation Soccer Player One is registered here!	U11-8/1/2005-7/31/2007
Assistant Coach	
Q Head Coach	B SIGN UF
	Show More
	I do not wish to volunteer at this ti
	«Back Cont

Registration Summary Screen:

Review the order summary which shows your children and the divisions they will be registered into. Click the **blue** "Continue" button

Registration Summ	nary			
2 1	Fall 2016 Recreation Soccer	V11-8/1/2005-7/31/2007	Player One User	8 📀
Payment Options:			Registration Brea	kdown:
PAY IN FULL	\$55.00	✓ SELECTED	Division Price	\$55.00
			Subtotal	\$55.00
			× Remove from	cart
2	Fall 2016 Recreation Soccer	V9-8/1/2007-7/31/2009	Player Two USer	8 🛇
Payment Options:			Registration Brea	kdown:
PAY IN FULL	\$50.00	✓ SELECTED	Division Price	\$55.00
			2nd Participant Family Discount	(\$5.00)
			Subtotal	\$50.00
			× Remove from	cart
		CONTINUE		
Payment Informat	tion			
Confirmation				
			« Back	Continue

Choose your payment type (Credit Card or Check), fill out the required information, then click the **blue** continue button.

Payment Information	
Payment Method for Registration*	Check
Is the billing address sa	ame as the primary account holder's address?
First Name	Test
Last Name	User
Address 1	123 Main Street
Address 2	
City, State	Anytown Ohio •
Zip	44675
	CONTINUE
Confirmation	
	«Back Continue

At the confirmation page, click the green continue button and your order is then placed and either your credit card is charged or a balance remains on your account until the check is received.

Registration S	ummary			Edit
Payment Infor	mation			Edit
Confirmation				
legistration B	Breakdown by Participant			
A 1	Fall 2016 Recreation Soccer	U11-8/1/2005-7/31/2007	Player One User	0
Paid in Full	Division Price		\$55.00	
2	Fall 2016 Recreation Soccer	V9-8/1/2007-7/31/2009	Player Two USer	0
Paid in Full				
	2nd Participant Family Discount		\$55.00	
			ORDER TOTAL: \$	105.00
			DUE TODA	r: \$0.00
			«Back Co	ntinue