

- 1. Did you register a player for Spring 2014 soccer?
  - a. Yes Go to step #7
  - b. No Go to step #2
- 2. Click on Register in the top right hand corner



3. Fill out the New Customer Primary Contact section. Then click on Create New Account.

Returning Customer	New Customer Primary Contact
User Name:     Password:     Sign In     Stay Signed In     Eorgot Username or Password?	First Name: John Middle Initial:     Last Name: Smith Suffix:     Email Address: John.Smith@gmail.com User Name: JohnSmithR68 Only letters, numbers, @ dot (.) and underscore (_) are allowed Password: Reenter Password: Create new account

4. Fill out the Primary Contact Information and Secondary Parent/Guardian Information. Click on Next.

Last Name:     Smith       thy:     Camarillo     Last Name:       tate:     California     Rephone:       93010     Secondary Contact Email:     Jane: Smith@gmail.com       seephone:     805     555     1212       all Phone:     805     666     3434	Last Name:     Smith       ty:     Camarillo     Telephone:     805     555     1212       ate:     California     Cell Phone:     805     666     5656       900te:     93010     Secondary Contact Email:     Jane Smith@gmail.com       Hephone:     805     555     1212       805     666     3434	Last Name     Smith       the     Camarillo     East Name:     Smith       tate:     California     Cell Phone:     805     555     1212       p Code:     93010     Secondary Contact Email:     Jane Smith@gmail.com       pantry:     United States     Secondary Contact Email:     Jane Smith@gmail.com       plote:     805     555     1212       all Phone:     805     666     3434	treet:	123 M	ain Stree	et		Fi	rst Name:	Jane			
City:     Camarillo     Telephone:     805     555     1212       State:     California     Cell Phone:     805     666     666       Optode:     93010     Secondary Contact Email:     Jane: Smith@gmail.com       Country:     United States     Secondary Contact Email:     Jane: Smith@gmail.com       Cell Phone:     805     555     1212       Cell Phone:     805     666     3434	Camarillo       Telephone:       805       555       1212         State:       California       Cell Phone:       805       666       5666         20p Code:       93010       Secondary Contact Email:       Jane.Smith@gmail.com         Country:       United States          Felephone:       805       555       1212         2eil Phone:       805       666       3434	City:       Camarillo       Telephone:       805       555       1212         State:       California        Cell Phone:       805       666       5656         Zip Code:       93010       Secondary Contact Email:       Jane. Smith@gmail.com         Country:       United States           Telephone:       805       555       1212         Sell Phone:       805       666       3434	Jnit#:					Li	ast Name:	Smith			
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Cell Phone: 805 666 3434	Cell Phone: 805 666 3434	Cell Phone: 805 666 3434	felephone:	805	555	1212							
			Cell Phone:	805	666	3434							



5. Fill out the Add a New Participant (i.e. Player) section. Click on Next.

Add a New Participant	
All fields marked with an asterisk (*) are required. Same as Primary Contact: *Participant's First Name: Participant's Middle Initial: *Participant's Last Name: *Participant's Gender: *Participant's Date of Birth:	Smith Male Dec 15 2005
Participant's Email: * Street:	Jake.Smith@gmail.com 123 Main Street
Unit#: *City:	Camarillo
* State: * Zip Code:	California  93010
*Country: *Telephone:	United States
Cellphone:	

6. To add another Participant, click **Add Another Participant** and complete the form for additional players OR click **Next**.

*Participant's Last Name:	
*Participant's Gender:	
*Participant's Date of Birth:	Month  Day  Year
Participant's Email:	
*Street:	123 Main Street
Unit#:	
*City:	Camarillo
* State:	California
*Zip Code:	93010
*Country:	United States
*Telephone:	805 555 1212
Cellphone:	
с	ancel Add Another Participant Next



NOTE: If you registered for Spring 2014 soccer, you will see <u>step #7</u>. If you did not register for Spring 2014 soccer, you will see <u>step #8</u>

7. Click Register Now for each player you wish to register

BU05-old Lieberson belongs to 1 programs	🕥 Back to Top
BU05-old's Programs 2014 Fall - BU05 <u>View More</u>	🖉 Edit Participant Info
View Previous Season	
No new programs available for BU05-old!	Register Now

8. Select the **Program** you would like to sign up for. If you have multiple participants (players), be sure to click the checkbox for each player. Click on **Next**.

Availat	ole Programs				
Available	Programs				
Name: E	3U05-old (Click your program	ms & signup today!)			
	Program Name	Details	Start Date	End Date	Price
	<u>2014 Fall</u>	BU05	08/16/2014	12/31/2014	\$110.00
Name: E	3U05-young (Click your prog	grams & signup today!)			
	Program Name	Details	Start Date	End Date	Price
	<u>2014 Fall</u>	BU05	08/16/2014	12/31/2014	\$110.00
Name: E	BU06-old (Click your program	ms & signup today!)			
	Program Name	Details	Start Date	End Date	Price
	<u>2014 Fall</u>	BU06	08/16/2014	12/31/2014	\$110.00
Name: E	3U06-young (Click your prog	grams & signup today!)			
	Program Name	Details	Start Date	End Date	Price
	<u>2014 Fall</u>	BU06	08/16/2014	12/31/2014	\$110.00
Name: E	3U07-old (Click your program	ms & signup today!)			
	Program Name	Details	Start Date	End Date	Price
	<u>2014 Fall</u>	BU07	08/16/2014	12/31/2014	\$110.00



9. View your **Shopping Cart**. Click on **Next**.

Shopping Ca	art				
Shopping Carl	t Details				
Program	Details	First Name	Last Name	Price	Remove
2014 Fall	BU05	BU05-old	Lieberson	\$110.00	
2014 Fall	BU05	BU05-young	Lieberson	\$110.00	
2014 Fall	BU06	BU06-old	Lieberson	\$110.00	
2014 Fall	BU06	BU06-young	Lieberson	\$110.00	
					SUBTOTAL: \$440.00
		<< Back	Update Cart Nex	t»	

10. Fill out all the Additional Participant Information. Click on Next.

Additional Participant Informat	ion	
All fields marked with an asterisk (*) are required.		
Participant: BU05-old Lieberson	Program: 2014 Fall	
<ul> <li>Emergency Contact First Name</li> <li>Emergency Contact Last Name</li> <li>Emergency Contact Phone Number Medical Release</li> </ul>	EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/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 ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND ACCREEME TO THESE TEADS.	×
* Laccept the waiver:	The Yes	



11. If you are registering more than 1 player (between April 1 – June 1), be sure to indicate when you are registering players 2, 3 & 4.

Player #1 – No discount	⊙ Yes ⊛ No ⊙ Yes ⊛ No ⊙ Yes ⊛ No	Fees & Discounts   Are you registering Player #2 (Player2Discount)  Are you registering Player #3 (Player3Disc)  Are you registering Player #4 (Player4Disc)
Player #2 - \$10 discount	● Yes ● No ● Yes ● No ● Yes ● No ● Yes ● No	Fees & Discounts         * Are you registering Player #2 (Player2Discount)         * Are you registering Player #3 (Player3Disc)         * Are you registering Player #4 (Player4Disc)
Player #3 - \$20 discount	© Yes ⊚ No ⊚ Yes ⊙ No ⊙ Yes ⊚ No	Fees & Discounts Are you registering Player #2 (Player2Discount) Are you registering Player #3 (Player3Disc) Are you registering Player #4 (Player4Disc)
Player #4 - \$30 discount	○ Yes ● No ○ Yes ● No ○ Yes ● No ● Yes ● No	Fees & Discounts Are you registering Player #2 (Player2Discount) Are you registering Player #3 (Player3Disc) Are you registering Player #4 (Player4Disc)

12. Select the Volunteer roles for the Fall 2014 program you want to sign up for. Click on Next.

Volunteer			
Program	Details	Volunteer Role	Select
2014 Fall	BU05	Assistant Coach	
2014 Fall	BU05	Field Material Distribution	
2014 Fall	BU05	Field Painting	
2014 Fall	BU05	Head Coach	
2014 Fall	BU05	Referee	
2014 Fall	BU05	Team Parent	
2014 Fall	BU06	Assistant Coach	
2014 Fall	BU06	Field Material Distribution	
2014 Fall	BU06	Field Painting	
2014 Fall	BU06	Head Coach	
2014 Fall	BU06	Referee	
2014 Fall	BU06	Team Parent	
		More Volunteer R	oles

13. Fill out the Additional volunteer info section. Click on Next.









Checkout Note: All fields marked with an asterisk(\*) are required Registration Summary Program Details Participant Name Description Amount 2014 Fall BU05 BU05-old Lieberson Division Price \$110.00 Be sure to confirm the 2014 Fall BU05 BU05-young Lieberson Division Price \$110.00 multi-player discount is 2014 Fall BLIOS BU05-young Lieberson Player3Disc (\$20.00) 2014 Fall BU06 BU06-young Lieberson Division Price \$110.00 properly applied 2014 Fall BU06 BU06-young Lieberson Player2Discount (\$10.00) Available April 1 – June 1 2014 Fall BU06 BU06-old Lieberson Division Price \$110.00 [this example includes 4 players] 2014 Fall BU06 BU06-old Lieberson Plaver4Disc (\$30.00) **Registration Total** \$380.00 Payment Type VISA Visa / Master Card Mail in check Address Information Registration Billing Address (The information should be the same as your credit card billing information.) First Name: Brian Middle Name: Last Name Lieberson Billing Address: PO Box 3017 Address Line 2: City: Camarillo State Zip Code: 93011 California Country United States • Payment Information **Registration Payment** Registration Total : \$380 Payment Amount : \$380 Total Payment : 380 Open Balance : \$0.00 Credit Card Number Expiration Month/Year: • / -Card Security Code 0 1.00 Important Notes Need Help? Credit Card Purchases **Norton** Registration Help You will see a charge on your credit card statement from Blue Sombrero by VeriSig BOUT SSL CERTIFICATES Terms & Conditions **Registration Terms** Note: Please read the Terms and Conditions carefully before you proceed with placing the Order TERMS AND CONDITIONS FOR REGISTRATION ORDERS: As consideration for the services you purchased, you agree to pay Blue Sombrero the applicable fees set forth on our Web site at the time of your order. All fees are due immediately and are non-refundable, eccept as otherwise expressly noted on the Blue Sombrero websile. You certify and agree that you are responsible for the credit card information you provide to Blue Sombrero and that you are an authorized user for the chosen credit card account in addition, you agree and warrant that: (i) you have all requisite power and authority to execute this Agreement and to perform your obligations hereunder, (ii) you are of legal age to enter into th I agree to the above terms and conditions << Back Submit Order



- 15. If you paid via CREDIT CARD...
  - a. The charge will appear from "Camarillo AYSO Soccer Region 68"



- 16. If you will mail in a CHECK...
  - a. Write your player name(s) on your payment (check or money order), make it payable to "AYSO Region 68" and mail it to:

AYSO Region 68 Registrar PO Box 3017 Camarillo CA 93011

Payment Confirma	ation Return to checkout page
	You will be billed
	<b>\$</b> 0.00
	Please write your player name(s) on your payment and mail it to:
	AYSO Region 68 Registrar PO Box 3017 Camarillo CA 93011
	Complete Payment

# If you have any registration questions, please contact the Registrar at <u>Registrar@AYSOr68.org</u>.