

# Steps to Register Your Player – Spring 2015

1. Did you register a player for Spring or Fall 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
<p>* User Name: <input type="text"/></p> <p>* Password: <input type="password"/></p> <p><b>Sign In</b></p> <p><input type="checkbox"/> Stay Signed In</p> <p><a href="#">Forgot Username or Password?</a></p>	<p>* First Name: <input type="text" value="John"/></p> <p>Middle Initial: <input type="text"/></p> <p>* Last Name: <input type="text" value="Smith"/></p> <p>Suffix: <input type="text"/></p> <p>* Email Address: <input type="text" value="John.Smith@gmail.com"/></p> <p>* User Name: <input type="text" value="JohnSmithR68"/></p> <p><small>Only letters, numbers, @ dot (.) and underscore (_) are allowed</small></p> <p>* Password: <input type="password" value="*****"/></p> <p>* Reenter Password: <input type="password" value="*****"/></p> <p><b>Create new account</b></p>

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

Primary Contact Information	Secondary Parent / Guardian Information
<p>* Street: <input type="text" value="123 Main Street"/></p> <p>Unit#: <input type="text"/></p> <p>* City: <input type="text" value="Camarillo"/></p> <p>* State: <input type="text" value="California"/></p> <p>* Zip Code: <input type="text" value="93010"/></p> <p>* Country: <input type="text" value="United States"/></p> <p>* Telephone: <input type="text" value="805"/> <input type="text" value="555"/> <input type="text" value="1212"/></p> <p>Cell Phone: <input type="text" value="805"/> <input type="text" value="666"/> <input type="text" value="3434"/></p>	<p>First Name: <input type="text" value="Jane"/></p> <p>Last Name: <input type="text" value="Smith"/></p> <p>Telephone: <input type="text" value="805"/> <input type="text" value="555"/> <input type="text" value="1212"/></p> <p>Cell Phone: <input type="text" value="805"/> <input type="text" value="666"/> <input type="text" value="5656"/></p> <p>Secondary Contact Email: <input type="text" value="Jane.Smith@gmail.com"/></p>

**Cancel** **Next**

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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:

Participant's Email:

\*Street:

Unit#:

\*City:

\*State:

\*Zip Code:

\*Country:

\*Telephone:

Cellphone:

6. To add another Participant (player), 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:

Participant's Email:

\*Street:

Unit#:

\*City:

\*State:

\*Zip Code:

\*Country:

\*Telephone:

Cellphone:

# Steps to Register Your Player – Spring 2015




WE ARE AYSO

NOTE: If you registered for Spring or Fall 2014 soccer, you will see [step #7](#). If you did not register for Spring or Fall 2014 soccer, you will see [step #8](#)

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  
[View More](#)

[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**.

**Available Programs**

Available Programs

Name: **BU05-old** (Click your programs & signup today!)

Program Name	Details	Start Date	End Date	Price
<input checked="" type="checkbox"/> <a href="#">2014 Fall</a>	BU05	08/16/2014	12/31/2014	\$110.00

Name: **BU05-young** (Click your programs & signup today!)

Program Name	Details	Start Date	End Date	Price
<input checked="" type="checkbox"/> <a href="#">2014 Fall</a>	BU05	08/16/2014	12/31/2014	\$110.00

Name: **BU06-old** (Click your programs & signup today!)

Program Name	Details	Start Date	End Date	Price
<input checked="" type="checkbox"/> <a href="#">2014 Fall</a>	BU06	08/16/2014	12/31/2014	\$110.00

Name: **BU06-young** (Click your programs & signup today!)

Program Name	Details	Start Date	End Date	Price
<input checked="" type="checkbox"/> <a href="#">2014 Fall</a>	BU06	08/16/2014	12/31/2014	\$110.00

Name: **BU07-old** (Click your programs & signup today!)

Program Name	Details	Start Date	End Date	Price
<input type="checkbox"/> <a href="#">2014 Fall</a>	BU07	08/16/2014	12/31/2014	\$110.00

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# Steps to Register Your Player – Spring 2015



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

**Shopping Cart**

**Shopping Cart Details**

Program	Details	First Name	Last Name	Price	Remove
2014 Fall	BU05	BU05-old	Lieberson	\$110.00	<input type="checkbox"/>
2014 Fall	BU05	BU05-young	Lieberson	\$110.00	<input type="checkbox"/>
2014 Fall	BU06	BU06-old	Lieberson	\$110.00	<input type="checkbox"/>
2014 Fall	BU06	BU06-young	Lieberson	\$110.00	<input type="checkbox"/>

**SUBTOTAL: \$440.00**

[<< Back](#)   [Update Cart](#)   [Next >>](#)

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

**Additional Participant Information**

All fields marked with an asterisk (\*) are required.

**Participant:** BU05-old Lieberson      **Program:** 2014 Fall

\* Emergency Contact First Name:

\* Emergency Contact Last Name:

\* Emergency Contact Phone Number:

Medical Release

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 AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON

\* I accept the waiver:  Yes

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

## Volunteer Selection

Volunteer			
Program	Details	Volunteer Role	Select
2014 Fall	BU05	Assistant Coach	<input type="checkbox"/>
2014 Fall	BU05	Field Material Distribution	<input type="checkbox"/>
2014 Fall	BU05	Field Painting	<input type="checkbox"/>
2014 Fall	BU05	Head Coach	<input checked="" type="checkbox"/>
2014 Fall	BU05	Referee	<input type="checkbox"/>
2014 Fall	BU05	Team Parent	<input type="checkbox"/>
2014 Fall	BU06	Assistant Coach	<input checked="" type="checkbox"/>
2014 Fall	BU06	Field Material Distribution	<input type="checkbox"/>
2014 Fall	BU06	Field Painting	<input type="checkbox"/>
2014 Fall	BU06	Head Coach	<input type="checkbox"/>
2014 Fall	BU06	Referee	<input type="checkbox"/>
2014 Fall	BU06	Team Parent	<input type="checkbox"/>

[More Volunteer Roles](#)

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12. Fill out the **Additional volunteer info** section. Click on **Next**.

## Additional volunteer info

All fields marked with an asterisk (\*) are required.

**Additional volunteer info** -Head Coach for - 2014 Fall - BU05

\* First Name:

\* Last Name:

\* Telephone:

Cell Phone:

\* Email Address:

Special Comments/Request:

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13. The last screen is the **Checkout** screen. Complete this page and click **Submit Order**

**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
2014 Fall	BU05	BU05-young Lieberson	Division Price	\$110.00
2014 Fall	BU05	BU05-young Lieberson	Player3Disc	(\$20.00)
2014 Fall	BU06	BU06-young Lieberson	Division Price	\$110.00
2014 Fall	BU06	BU06-young Lieberson	Player2Discount	(\$10.00)
2014 Fall	BU06	BU06-old Lieberson	Division Price	\$110.00
2014 Fall	BU06	BU06-old Lieberson	Player4Disc	(\$30.00)
<b>Registration Total</b>				<b>\$380.00</b>

Payment Type

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:

Middle Name:

\* Last Name:

\* Billing Address:

Address Line 2:

\* City:

\* State:  \* Zip Code:

\* Country:

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 :

Important Notes

**Need Help?** Credit Card Purchases  
Registration Help You will see a charge on your credit card statement from Blue Sombrero.

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, except as otherwise expressly noted on the Blue Sombrero website. 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 this Agreement.

I agree to the above terms and conditions

<< Back Submit Order

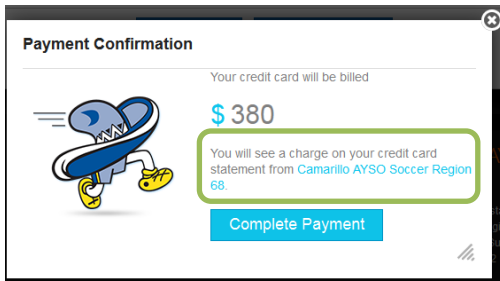
Amounts are examples only

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14. If you paid via CREDIT CARD...

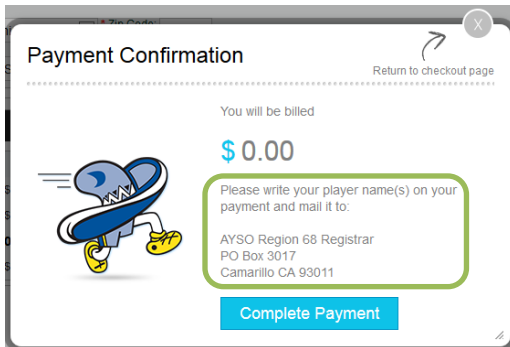
a. The charge will appear from “Camarillo AYSO Soccer Region 68”



15. 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**



**If you have any registration questions, please contact the Registrar at [Registrar@AYSO68.org](mailto:Registrar@AYSO68.org).**