



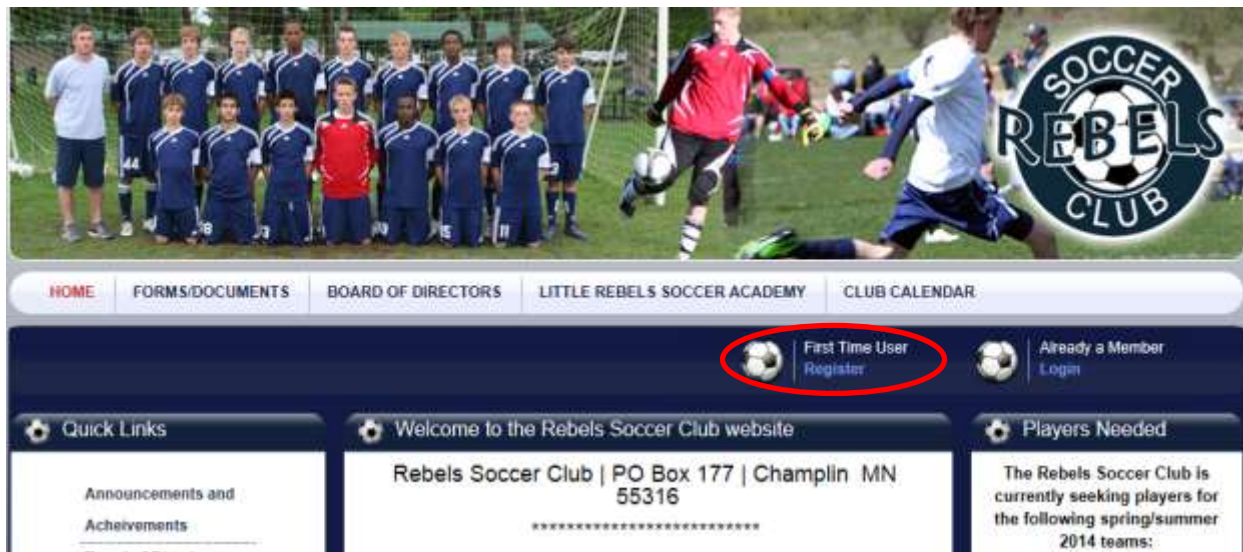
# Rebels Soccer Club

Title: Creating a Rebel Soccer Account and Registering Players

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**Note: Please read all instructions before registering to ensure you obtain the player programs desired.**

1. Go to Rebels website at [www.rebelsoccer.net](http://www.rebelsoccer.net)
2. Click on the **First time User – Register** words. Remember that you will only use this one account for any future registrations or for the registrations of more than one child.





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3. Fill out the **New Customer Primary Contact** section. Complete all required section with an asterisk (\*).
  - a. The Primary Contact information is where most of the correspondence from the club will be sent, so it should be the parent/guardian's information.
  - b. Create a **User Name** and **Password**. Your username and password must be entirely unique, so keep trying different letter/number combinations if your first one is not allowed. Remember these names for future system log-ins.
  - c. Click on **Create New Account**.

### New Customer Primary Contact

* First Name:	<input type="text" value="John"/>
Middle Initial:	<input type="text"/>
* Last Name:	<input type="text" value="Doe"/>
Suffix:	<input type="text"/>
* Email Address:	<input type="text" value="john.doe@soccer.com"/>
* User Name:	<input type="text" value="jdoe"/>
* Password:	<input type="password" value="....."/> <small>Only letters, numbers, @ dot (.) and underscore ( ) are allowed</small>
* Reenter Password:	<input type="password" value="....."/>

[Create New Account](#)



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4. Fill out the **Primary Contact Information** section. Complete all required section with an asterisk (\*). Click on **Next**.

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

Primary Contact Information	Secondary Parent / Guardian Information
* Street: <input type="text" value="1234 Soccer Ave"/>	First Name: <input type="text"/>
Unit#: <input type="text"/>	Last Name: <input type="text"/>
* City: <input type="text" value="Champlin"/>	Street: <input type="text"/>
* State: <input type="text" value="Minnesota"/>	Unit#: <input type="text"/>
* Zip Code: <input type="text" value="55316"/>	City: <input type="text"/>
* Country: <input type="text" value="United States"/>	State: <input type="text" value="&lt;Not Specified&gt;"/>
* Telephone: <input type="text" value="123"/> <input type="text" value="456"/> <input type="text" value="7890"/>	Zip Code: <input type="text"/>
	Telephone: <input type="text"/> <input type="text"/> <input type="text"/>
	Cell Phone: <input type="text"/> <input type="text"/> <input type="text"/>
	* Secondary Contact Email: <input type="text" value="john.doe@soccer.com"/>

5. Fill out the **Participant Information** section. Complete all required section with an asterisk (\*). Make sure to put in the participants birth date. Review and confirm the birth date. This is how Soccer Programs are made available to your player.
  - a. You can add additional players (family members) to your Rebel Soccer Account by clicking on **Add Participant**.
  - b. When all players have been added to the account, click on **Next**.



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### 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:

**Need Help?**



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6. Select the **Program(s)** you would like to sign up for. Click on **Next**.

Available Programs

Name: **Becky** (Click your programs & signup today!)

	Program Name	Details	Start Date	End Date	Price
<input type="checkbox"/>	2013 Fall/Winter Training, begins November 2013	Little Rebels: Monday 6-7 pm	11/04/2013	12/16/2013	\$70.00
<input checked="" type="checkbox"/>	<u>2013/2014 Little Rebels Soccer Academy</u>	2014 Little Rebels Session II	02/17/2014	03/24/2014	\$60.00
<input type="checkbox"/>	<u>2013/2014 Little Rebels Soccer Academy</u>	2014 Little Rebels Session III	05/04/2014	06/15/2014	\$60.00
<input type="checkbox"/>	2014 Spring/Summer Traveling Soccer U9	U09 Girls	03/01/2014	08/01/2014	\$245.00

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

Shopping Cart

Shopping Cart Details

Program	Details	First Name	Last Name	Price	Remove
<u>2013/2014 Little Rebels Soccer Academy</u>	2014 Little Rebels Session II	Becky	Doe	\$60.00	<input type="checkbox"/>

SUBTOTAL: \$60.00

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VERIFY+ Need Help?



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8. Complete the **Emergency Contact Name** and **Phone Number**. Review the **Medical Release, Code of Conduct and Photo Release** agreement and click on **Accept the Waiver** and other required responses. Add any physical conditions and allergy information for the player. Click on **Next**.

Participant: Becky Doe Program: 2013/2014 Little Rebels Soccer Academy

Emergency Contact First Name	<input type="text" value="John"/>
Emergency Contact Last Name	<input type="text" value="Doe"/>
* Emergency Contact Phone Number	<input type="text" value="123"/> <input type="text" value="456"/> <input type="text" value="7890"/>
Medical Release	<div style="border: 1px solid black; padding: 5px;"><p>PLAYER OR PARENT/GUARDIAN AGREEMENT</p><p>I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and US Youth Soccer accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also hereby grant the Rebels Soccer Club</p></div>
* I accept the waiver:	<input checked="" type="checkbox"/> Yes
Allergies	<input type="text"/>
Physical conditions of which the staff should be aware	<input type="text"/>

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## 9. Checkout section. Review **Registration Summary** section.

### Checkout



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

Coupon Discount

Registration Summary

Program	Details	Participant Name	Description	Amount
2013/2014 Little Rebels Soccer Academy	2014 Little Rebels Session II	Becky Doe	Division Price	\$60.00
Registration Total				\$60.00

Payment Type

Visa / Master Card  

Payment Options for Registrations

Program	Details	Participant Name	Amount	Payment Options
2013/2014 Little Rebels Soccer Academy	2014 Little Rebels Session II	Becky Doe	\$60.00	<input checked="" type="radio"/> Pay in Full (\$60.00) <input type="radio"/> Min Pmt

Would you like to make a donation?

Platinum \$100.00

Indicate if you would like to make a 501(c)(3) contribution to the Rebel Soccer Club as a non-profit organization. Donations are tax deductible. If you do not wish to make a donation at this time, click the button next to 'I do not wish to contribute at this time'.



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A screenshot of a web form titled 'Would you like to make a donation?'. The form contains several radio button options: 'Platinum \$100.00', 'Gold \$50.00', 'Silver \$25.00', 'Bronze \$10.00', 'Any Donation Helps! You pick the amount...' (with an adjacent empty text input box), and 'I do not wish to contribute at this time' (which is selected). Below the options is a 'Donation Note:' label. The form is enclosed in a dark border.

Confirm the Address Information entered is the same as the Billing Address. (This information should be the same as your credit card information.) Complete all required section with an asterisk (\*).

Add the credit card number, expiration month/year and credit card security code (found on the back of your credit card). Note: This information can NOT be viewed by the Rebels Soccer Club.

Review the Terms & Conditions section and click on 'I Agree to the above terms and conditions' box.

Click **Submit Order**.



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**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 : \$80

Payment Amount : \$80

Total Payment : 60

Open Balance : \$0.00

\* Credit Card Number:

\* Expiration Month/Year :

\* Card Security Code :



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▸ Terms & Conditions

Registration Terms

Note: Please read the Terms and Conditions carefully before you proceed with placing the Order

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TERMS AND CONDITIONS FOR REGISTRATION ORDERS:  
Terms and Conditions for Registration Orders As consideration for the services you purchased, you agree to pay REBELS SOCCER CLUB 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 REBELS SOCCER CLUB website. You certify and agree that you are responsible for the credit card information you provide to REBELS SOCCER CLUB 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

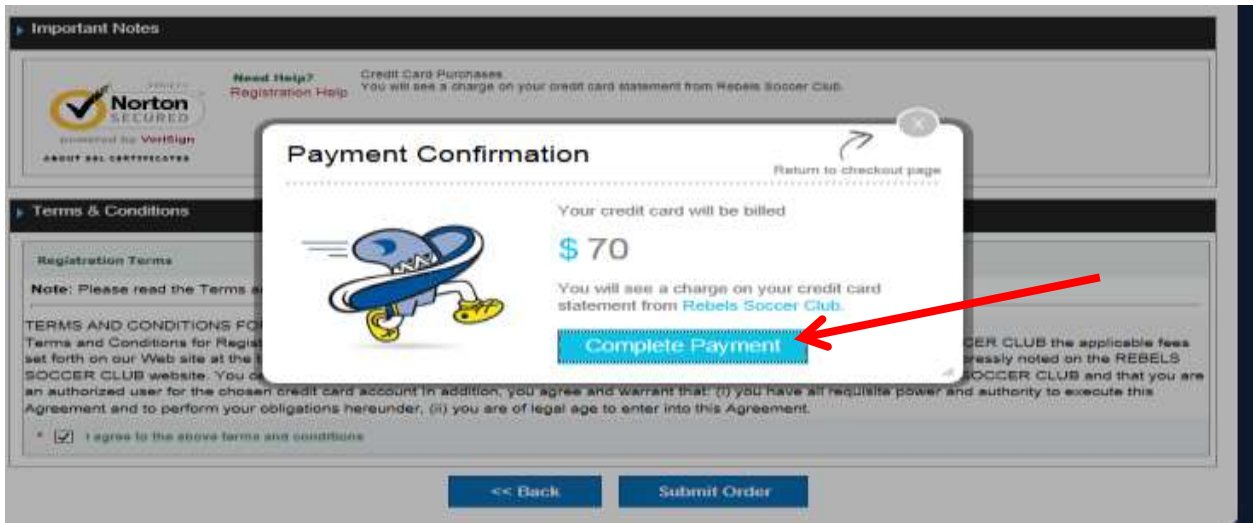
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10. The last step in the process is the **Check Out** screen. Click on **Complete Payment** to complete the process.



11. You will receive an **Order Confirmation** for your records. Your Order Number indicates that your registration is complete.

