Please follow these simple steps to register online for the first time. The system will walk you through each step/screen.

**STEP #1**: Click on the **Register** option ► (First-Time Users) located in the upper left hand corner of your screen.



**STEP #2**: This is the **Primary Contact Information** page that you will complete. Please enter <u>YOUR</u> information (Parent) in this section. First Name, Last Name, Street Address...The \* to the left of the field indicates that it's a required field and must be filled in, while the others are optional.

Please complete the egistration process. hen have the opport ivailable for your ch	following form to begin your online soccer After creating the initial account, you will tunity to find the various soccer programs ildren's age(s) and gender(s).	
II fields marked with a	n asterisk (*) are required.	
Primary Contact Inform	ation	
* First Name:		
Middle Name:		
* Last Name:		
Suffix:		
*Street:		
Unit#:		
*City:		
* State:	<not specified=""></not>	
* Zip Code:		
1 Country:		

In Addition, it's important to create a \*User Name & \*Password that your family will remember. If in the event you misplace or forget your <u>User or Password</u>, no worries, we can retrieve it for you by just a click of a button to send an email. After you enter a User and Password, Click Next  $\triangleright \triangleright$ 

Account Information		
Create a User Name:	JageDoe	
	Please create a User name with letters and/or numbers only.	
Create a Password:	••••••	
Confirm Password:	••••••	
Email:	JaneDoe@hotmail.com	
	Next>>	

**STEP #3:** Add Applicant or Participant Information Screen. This screen is where you will enter your child's information. You'll notice that some of the information will carry over or will pre-populate from the last screen, like the address, city, state...etc.

dd Participant		
		воттом 🔻
All fields marked with an as	terisk (*) are required.	
Add a New Participant		
* Your Relationship with Participant:	Guardian	
* Participant's First Name:		
Participant's Middle Initial:		
* Participant's Last Name:		
* Participant's Gender:	~	
* Participant's Date of Birth:	Month 🗸 Day 💙 Year 🗸	
Participant's Email:		
*Street:	1313 Mockingbird Lane	
Unit#:		
*City:	Southampton	
* State:	Pennsylvania 💌	
* Zip Code:	18966	

\*After you have completed the open fields, Click the  $NEXT \rightarrow b$  button on the bottom right to continue to the next screen.

**STEP#4:** Available Programs – Golden Boot Academy, Fall Intramural Program, etc. The system will figure out for you based on the age of your child what program they are eligible for. Select the preferred program by clicking the  $\sqrt{program}$ 

Choose Division	Program Name	Details	Start Date	End Date	Price	
	2008 Fall Intramural	U10	09/06/2008	11/15/2008	\$65.00	
	2008 Fall Travel Program	U10 Girls	09/06/2008	12/06/2008	\$115.00	
	2008 Spring Intramural	U11	04/16/2008	06/01/2008	\$35.00	

**STEP#5: "Shopping Cart"** Screen – This screen will confirm your selection and provide the amount for the registration. Once you confirm the amount, select **Next** to continue.

			Delter	
U10	Sam	Henry	\$65.00	
		т	otal: \$65.00	
	Details U10	Details FirstName U10 Sam	Details FirstName LastName U10 Sam Henry Transient Exercise	Details FirstName LastName Price   U10 Sam Henry \$65.00   Total: \$65.00

**STEP#6:** Additional Participant Information – Here are a few more questions related to your child that will complete the registration process.

Additional Participant Informat	ion	
All fields marked with an aster	isk (*) are required.	воттом 🔻
Coupon Discount		
Enter Coupon Code :		
Participant: Sam Henry	Program: 2008 Fall Intramural	
Participant Medical Informatio	n	
List all allergies:		
*Emergency Contact First Name:		
*Emergency Contact Last Name:		
* Emergency Contact Phone Number:		
Is your Tetanus shot current?	○Yes ○No	
Date of Last Tetanus shot:	Month 🕶 Day 🕶 Year 🕶	
Insurance Company:		
Insurance Policy Holder:		
Insurance Policy #:		
Physical Conditions of which staff should be aware:		

**STEP #7: Optional – Volunteer Information** – If you are interested in assisting or volunteering for any of the available roles – we would love to have you participate.

Volunteer for Division	
Please select program(s) to volunteer. Programs marked bold have participants regist	tered.
Program	Select
2008 Fall Intramural	
2008 Fall Travel Program	
2008 Fall Under 18 League	
2008 Spring Intramural	

**STEP #8:** Checkout & Payment Details Screen – Select your method of payment as instructed, by choosing either the  $\circ$ *Credit Card*, or  $\circ$ *Check option.* 

avmont Dotailo		
The following in	ormation must be the same as that for your credit card billing information.	
* First Name:	Samantha	
Middle Initial:		
* Last Name:	Henry	
* Billing Address:	1313 Mock	
* City:	Warminster	
* State:	Pennsylvania 🖌	
* Zip Code:	19004	
Payment Type:	⊙ Credit Card O Check/Other	
* Credit Card Number:		
* Expiration Month/Year:		
	MasterCard	
Blue Sombrero Note		
You will see a	charge on your credit card statement from Blue Sombrero	
anna and Canditiana		
erms and conditions		
Note: Please read the Terms and Co	onditions carefully before you proceed with placing the Order	

**STEP #9** – <u>*FINAL SCREEN*</u> – Order Confirmation – This will <u>confirm your order</u> and will provide you a printable receipt. In addition, you will receive an email confirmation from us with this information to maintain for your records.

Program Name	Division Name	First Name	Last Name	Details	Price	Balance Amount
2008 Fall	U10	Sam	Henry	Division	\$65.00	\$65.00
	Name		Samanu 1212 Mo			
	Addre	Address:			0.4	
	Addre: City/St	tate/Zip:	Warmins	ster PA 190	04	

Thank you for taking the time to Registration with us online!