Step 1: Click REGISTER NOW -



Step 2: Create an account, by filling out email, create username and password.

	Create New Account
	Email Address
	Create Username
	Password
	Confirm Password
	By clicking Create Account you agree to the DICK'S TSHQ <u>Terms of Service</u> , <u>Privacy</u> <u>Policy</u> , and <u>License Agreement</u> . Create Account Already have an account? <u>Sign in here!</u> Forgot your <u>Username</u> or <u>Password</u> ?
WHO WILL YOU BE?	VERIFY SECURED powered by digicert ABOUT SSL CERTIFICATES
EVERY SEASON STARTS AT	

Account Details	Add Participants Program Information
ccount Holder 1: Prim	ary Parent/Guardian Information
6	Email: jsmith26@yahoo.com Username: SmithJimmy
Gender*	Select Gender
First Name*	
Last Name*	
Select the relationship to your participants:*	Select the relationship to your participants
-pop*	
Employer*	
Address*	
Address Unit	
City*	
4: Click what best des	cribes you. If you just want to volunteer, click here
	Which best describes you?

Step 3: Fill out the primary information (all boxes with a red asterisk) then hit continue.

I am registering myself I am a parent or I am a coach or other guardian as a participant team personnel Click here to register your Click here to sign up as a Click here to register yourself for an activity participant. You will also have coach or another team role. the chance to sign up for This bypasses participant as a participant. team roles as well registration completely.

	Step 5: Click on Select	'Volunteer Registration.'	
Addition	al Program Positions		<u>,</u>
Programs		Activity Type	
1	2018 Fall Core (Players 5 and up)	Soccer	Select
2	2018 Under 5 - Fall Core	Soccer	Select
3	2018 VIP Fall Season	Soccer	Select
4	Volunteer Registration - MY18	Soccer	Select
Back			View Available Positions

Step 6: Click on 'View Available Positions.'

Step 7: Click on Sign up for the position you wish to volunteer and click continue

Availa	ble Positions			\
1	Volunteer Registration - MY18	Clone of Volunteer Registration - MY17	Positions	\odot
Team	Parent ①			Sign Up
Sched	uling ①			Sign Up
Sponse	or ①			Sign Up
Youth	Referee ①			Sign Up
Assist	ant Coach ①			Sign Up
Field S	ietup 🛈			Sign Up
Refere	e 🛈			Sign Up
Regist	ration ①			Sign Up
Team	Manager ①			Sign Up
Pictur	e Day 🕕			Sign Up
Comm	unications ①			Sign Up

Who would you like to sign up for the following position(s)?									
1	Volunteer Registration - MY18	Clone of Volunteer MY17	Registration -	Assistant Coach	\odot				
		Sign up Jimmy Smith TEST (Selected)	Sign up a Family Member						
Bacl	k			Cor	ntinue				

Step 9: This part is important. Fill out the boxes that have an asterisk. This information is used for the background check. Then click continue.

1 Volunteer Registration - M	Y18 Clone of Volunteer Registration - MY17	Assistant Coach	\odot
	Please click the image to the left to upload your photo.		
New or Returning Volunteer?*	Select		•
Legal First Name * ()	Jimmy		
Middle Name 🕕			
Nickname		30 Characters Remai	ning
Legal Last Name *	Smith TEST		
Suffix	Select Suffix		-
Maiden Name			
Last Four Digits of Social Security Number *			
Birth Date*	Month 💌 Day	▼ Year ▼	
Gender*	Male 👻		
Photo ID Type* 🕦	Select Photo Id Type		-

Step 8: Check the box with your initials and click continue

Step 10: Click to eSign the volunteer registration form

Volunteer E-signature for Jimmy Smith TEST							
Volunteer Registration - MY18	Clone of Volunteer Registration - MY17						
Assistant Coach	Click Here to eSign Form						
Back	Continu						

Step 11: Scroll to the bottom of the screen.

- Please scroll down & click the checkbox to indicate you agree to use electronic signatures.
- Type your name to electronically sign this document.
- Finally, scroll down and click the CONTINUE TO REVIEW button at the bottom of this page to proceed to the final pag
 - American Youth Soccer Organization

Me

							Volu	Inteer							
Legal First Name Full Middle Name			ame			AKA/Nickname			Last Name						
Jimmy								Smith TEST							
Maiden Name (if married within the past 7 yrs)				Social Security # ****				Birth Date \$ 2/2/1986				Sectio			
Gender	Government Issued Photo ID:								ID #			State			Expire
X Male _ Female	Female X Driver's License _ State ID _ Passport _ Military ID _ Resident ID							N723****			CA			2/2/2	
Street Address	•						Apt/Unit		City				State		Zip Co
271 Courtand Drive	e								San Brur	10			CA		9406
Mailing Address (if different	t from street address)		City				State		Zip Code			Area Code Ho 650 8		Home Phor 873-555	ne 15
E-mail address												Area Code		Cell Phone	
jsmith26@yahoo.c	om											650		555-555	5
Emergency Contact (other	than parent)	Area Code	Emergency	Telephone		Physician Na	ame			Area Code	Physician Te	an Telephone Medica		Medical Ins	iurance Po
Employer										1		RACE/ETHN	ICITY (Select (One)	
												White or (Caucasian		Blac
Area Code	Work Phone				Extension		Occupation					Hispanic	or Latino		Asia
												_ American	Indian or Alask	an Native	_ Othe
						ľM	VOLUNTE	ERING FO	R						
_ Coach	X Asst. Coach		_ Tean	Parent		_ Sponsor			Picture day			Youth Refere	e		_ Youth Te
_ Referee	_ Field Setup		_ Regi	stration		_ Scheduli	ng	_	Communicatio	ons		VIP Buddy			_ Other:
				REFERE	NCES (En	nployment,	school, ch	urch, other	youth orga	inization or	personal)				
Organization Name								Your position	/Role						
San Bruno AYSO								Assitant	Coach						
Contact First Name			MI	Contact Las	t Name						Area Code		Telephone Nu	umber	
Julia				Dale-Jer	isen						650	_	271-5555		
Address					City							State		Zip Code	
2/1 Courtland Driv	/e				San Bru	no						CA		94066	
				REFERE	NCES (En	nployment,	school, ch	urch, other	youth orga	inization or	personal)				
Organization Name								Your position	/Role						
Contact First Name MI Contact Last Name			t Name						Area Code		Telephone Nu	imber			
Address			1	1	City						1	State	1	Zip Code	
			16 \ /	lunte en in		avida Darau	NO.	#4 E-4	han Mat	h		Mhan			
First Name			IT V	nunteer is	a minor, pro	ovide Parer	it/Guardian	#I _ Fat	ner _ Mot	ner _ Gua	aroian _ (Juner Anna Gad		Lines (C. 1	Disease 1
First Name				Last Name								Area Code		Home/Cell	Phone Nu

Step 12: Check the circle box that you agree to use electronic signature and sign your name and submit.

NDUCEMENT. LALSO AGREE LO INFORM AYSO IN A TIMELY MANNE	R IF ANYTHING ON THIS FORM CHAI	NGES.			
۲ agree use an electronic signature {read more}					
K I am an adult of the age of majority in my state. I agree the terms	and conditions hereof shall apply	to all of my participation in t	the Events, regardless of the y	ear or season in which such p	articipation takes place, unless
supersected by a new player application.					
Volunteer Signature <i>Jimmy Smith Test</i>		Date _	05/22/2018		
Electronic Signature Record YUID: 1sy8-1735003-AYSO1-1097/	aID-1735004-AYSO1-109F				
IF address: sfghdhop151-103.ucsf.edu (128.218.151.103) Agreed to E-Sign Disclosures at: 22-May-18 11:34:37 PDT					
This document cont	ins confidential and/or proprietary	information and is the prop	perty of the American Youth So	ccer Organization.	
© 2013 American Youth Soccer Organization Rev. 2016					
WAIVER, CO	NSENT. RELEASE. DISCLAIMER	R AND ASSUMPTION OF F	RISK AGREEMENT ("Waiver A	Aareement")	
By affixing my signature on the reverse side of this form, I, on behall practices, games or other activities ("EVENTS") sanctioned by the Ar	of myself, and my heirs, assigns a nerican Youth Soccer Organization (nd next of kin, hereby enter in "AYSO") and to enter the prer	nto this Waiver Agreement IN C mises or facilities where the EV	ONSIDERATION OF my being a ENTS are taking place.	able to participate as a volunteer at
BACKGROUND CHECK WAIVER, CONSENT AND RELEASE OF LIABII (including driving records and criminal background checks), contact or organization that provides information for or to KYSO concerning complete to the best of my knowledge, and I understand that any mi any background check report secured by KYSO. If I have checked t	ITIES: I hereby consent to the invest with former employers and referen- my background or any attempt to ver srepresentation or omission may be he box following this sentence, I woo	tigation and verification of all ce interviews. I hereby relea: rify the information provided e cause for suspension or di uld like to receive a copy of a	I information given on this appli- se and agree to hold harmless in this application. I declare tha ismissal from my volunteer stat ny such background check. Ye	cation, including searches of la AYSO and its officers, employe at all of the information given by tus with AYSO. I acknowledge th s []	w enforcement and public records as and volunteers and any person me on this application is true and lat I have the right to receive a copy
DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I ACKNOWLED CONSIDERABLE FORCE, AND RISK OF SEVERE, PERMANENT PH JOINTS, CONCUSSION, BRAIN DAMAGE, NERVE AND SPINAL ARISING FROM THE NEGLIGENCE OF THE RELEASEES.	E THAT PARTICIPATION IN SOCCE YSICAL INJURY INCLUDING BRUIS CORD INJURY, PARALYSIS AND DE/	R NECESSARILY INVOLVES BES, SCRAPES, STRAINED, ATH. <u>I WILLINGLY AND VOLL</u>	B TRAVEL, PARTICIPATION ON A SPRAINED OR TORN MUSCLE UNTARILY ACCEPT AND ASSUM	NOVERSE FIELD CONDITIONS, ES, TENDONS OR LIGAMENTS ME ALL SUCH RISKS, BOTH KM	CONTACT WITH , BROKEN BONES, DISLOCATION NOWN AND UNKNOWN, <u>EVEN IF</u>
I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARM REPRESENTATIVES AND ALL OWNERS, LESSORS, LESSES OI PERSONS OR ENTITIES (RELEASEES) FROM ALL CLAMS, DEM TO ME OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OF VENTS. WHETHER ARISING FROM THE NEGLIGENCE OF THE R	ILESS, TO THE FULLEST EXTEN ROTHER PERSONS OR ENTITIES NDS, CAUSES OF ACTION, COST INDIVIDUALS I INVITE OR FOR W ELEASEES OR OTHERWISE, LACK	NT PERMITTED BY LAW, 8 ALLOWING THE USE OF F 8, EXPENSES AND COMPEN 140M I AM OTHERWISE RES NOWLEDGE THAT AYSO IS I	AYSO, ITS PLAYERS, EMPLO FACILITIES BY AYSO AND THE NSATION ARISING OUT OF OR SPONSIBLE, OR THEIR PROP PRIMARILY ADMINISTERED BY	YEES, VOLUNTEERS, OFFIC AGENTS, EMPLOYEES, OFFIC IN ANY WAY RELATED TO A LC ERTY, WHILE PARTICIPATING VOLUNTEERS RATHER THAN	CALS, SPONSORS AND OTHER CERS AND DIRECTORS OF SAID DSS, INJURY OR OTHER DAMAGE IN OR PRESENT AT ANY OF THE PAID PROFESSIONALS.
ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT I ANY PORTION OF THIS WAIVER AGREEMENT IS DEEMED TO BE II	NITENDED TO BE AS BROAD ANI	D INCLUSIVE AS PERMITTE NTINUE IN FULL LEGAL FO	ED BY THE LAWS OF THE STATI RCE AND EFFECT.	E IN WHICH PARTICIPATION T	AKES PLACE AND AGREE THAT IF
ACKNOWLEDGEMENT AND CONSENT: understand the terms of the 'rom time to time, and either I have read and understand the terms of	Soccer Accident Insurance Plan are r I will do so before I participate in a	set forth in a pamphlet avail ny EVENTS.	able from the Safety Director of	my region or on-line at <u>http://ww</u>	ww.ayso.org, as may be amended
For internal and external use, AYSO may obtain, compile and use co amended from time to time. I consent to such uses and hereby waiv	ntact information, soccer photograph e all rights to approval and compens	hs and audio visual recordin sation.	igs of me consistent with the Ar	SO Privacy Policy set forth at <u>htt</u>	<u>p://www.ayso.org,</u> as may be
hereby agree to abide by the AYSO Bylaws, rules, regulations, polic and Section staff, and the National Board of Directors, and I underst	es and philosophies as available a and that I may be removed as an AYS	it <u>http://www.ayso.org</u> , as ma SO volunteer at any time with	y be amended from time to time 1 or without cause.	e, and all decisions and directio	ns of the Regional Board, Area
Please signify your agreement with the foregoing by signing in th	e space indicated on the top of this	s form.)			
	Return to edit this form	Submit signed volu	inteer application		

Step 13: Agree to the background check and your registration is complete.

Ac	count Details	Add Participants	Program Information
Background	Check Consent For	m for Jimmy Smith TEST	
Volunteer Re	gistration - MY18	Clone of Volunteer Registration - MY17	Assistant Coach
You, as a co background information you to conti consent to b and applicat	nsumer, have a numb check report. Americ regarding those rights nue with your order. P egin the background ole State Fair Credit R	er of rights when it comes to you an Youth Soccer Organization is s and to gain your consent for a l 'lease review and sign, by checki check process and to acknowled eporting Act(s).	r personal information and your required by law to provide you with background check before allowing ng the boxes, to indicate your Ige your rights under the Federal
the "Sign" bu	tton at the bottom of this	page after reviewing the information b	elow.
 a. A perso b. A comp c. Internet d. A connet e. A printe 	nal e-mail address; uter or other device with s Explorer version 9 or new cition to the Internet; and r if you want to print pape	standard e-mail software; ver, Firefox, Google Chrome, or Safari er copies.	a the ronowing.
Alternatively	you may elect to use and	Leian naner versions of documents re	ated to your application including the
California Positions Volunteer	, Massachusetts, Minnes Only: Check the box to th 's. Please note that you ca	ota, New Jersey and Oklahoma Employ le left if you would like a free copy of y an access your completed report at an	ment and/or Volunteerism/Non-Employee our background report from Verified y time through your Profile.
I acknowl UNDER TH	edge receipt of the prece HE FAIR CREDIT REPORTIN	ding Consumer Financial Protection B IG ACT."	ureau's "A SUMMARY OF YOUR RIGHTS
□ I have rea	ad the Disclosure Regardi	ing the Employment and/or Volunteeris	m/Non-Employee Position Background