

FALL 2017 Registration Information and Walkthrough


AYSO National has changed registration systems starting with the Fall 2017 Soccer Season. Our registration system is now part of Blue Sombrero from Dick's Sporting Goods. All registration and volunteer applications will now be done directly on this website. Burlingame AYSO's website is also now part of this new system.

ALL users will need to create new accounts for the Fall 2017 season. The old eayso accounts are no longer valid. But, after you create and re-enter information this year, subsequent years will be even easier.



Start by selecting
the REGISTER NOW

This will bring you to the “Create New Account” screen as shown below



Create New Account

AYSO has moved to this new registration system. All users need to create a new account for the Fall 2017 Soccer Season.

Once you create the account you will be able to register players and sign up to be a volunteer.

All players at this time will be placed on a wait list until we can ensure that they can be placed on a team. Please select the Register Now! button to start process of registering a player.

To register as a volunteer, select Volunteer from the menu on the left the select Find Volunteer Roles, then Select and View Roles

First Name

Last Name

Email Address


Create Username

Password

Confirm Password

[Create Account!](#)

Already have an account? [Sign in here!](#)
Forgot your [Username](#) or [Password](#)?
[Click here to register through eAYSO](#)

 powered by Symantec

WHO WILL YOU BE?

To register as a volunteer, select Volunteer from the menu on the left the select Find Volunteer Roles, then Select and View Roles

John

Doe

aysotestacct@gmail.com

aysotestaccount

[Create Account!](#)

Enter your name as the adult

Enter your email address

Enter a Username – This will be your login

Once the account is created, you will enter some basic information about yourself (not your child)

The screenshot shows a web browser window with the URL <https://ayso.bluesombbrero.com/Default.aspx?tabid=736796&familyid=518031151400858560&contactinfo=true>. The page header includes 'Login/Register', 'Back to My Account / Logout', 'Region 63', and the 'DICK'S TSHQ' logo. A progress bar at the top shows four steps, with the first step '1 Account Owner' highlighted in red. The main content area is titled 'Primary Parent/Guardian Information' and contains the following fields:

- Profile Picture:** A placeholder icon with a plus sign.
- Name:** John Doe
- Email:** aysocontact@gmail.com
- Username:** aysoaccount
- Gender:** MALE
- Select your relationship to your participants:** Father
- Address:** PO Box 1212
- Address Unit:**
- City:** Burlingame
- State:** California
- ZIP Code:** 94011
- Home Phone:**
- Cell Phone:** 950 555 1212
- Receive Text Alerts?** Yes (with a 'What's this?' link)
- Secondary Email Address:**


On the right side, there is a 'Cart Summary' section showing 'Registration: \$0.00' and 'Cart Subtotal: \$0.00', with a 'View My Cart' button. Below that is a 'Need Help?' section with contact information for Burlingame AYSO Region 63, including a phone number and email address. At the bottom of the form, there are two buttons: 'Add Secondary Account Holder' (highlighted with a blue arrow) and 'Continue' (highlighted with a blue arrow).


Select this to add a spouse – they will be able to create their own account but it will be linked to this account.


When you are done entering your spouse and your information - Continue

Now it will ask which category best describes you, a parent, a player (18 or over), or a volunteer without a child.


Which best describes you?


 I am a parent or guardian registering a participant
Select this option if you are registering a participant in an activity. You'll also have the option to volunteer or sign up as a team coach or other personnel here.


 I am a team coach or other team personnel
Select this option if you want to skip registering a participant and only sign up to coach or volunteer.

 I am registering myself in an activity
Select this option if you are registering yourself as a participant in an activity.

Which best describes you?

 I am a parent or guardian registering a participant
Select this option if you are registering a participant in an activity. You'll also have the option to volunteer or sign up as a team coach or other personnel here.

 I am a team coach or other team personnel
Select this option if you want to skip registering a participant and only sign up to coach or volunteer.

 I am registering myself in an activity
Select this option if you are registering yourself as a participant in an activity.

This is what most people should select.

Now fill in basic information about the participant. PLEASE be careful when entering the date of birth.

[Back to My Account / Logout](#) Region 63 **DICK'S SHO**

1 Account Details


2 Add Participants

3

4

Important Note
Thank you for registering a player

Add New Participant:

 Jane Doe

Gender* FEMALE

First Name* Jane

Middle Name

Last Name* Doe

Suffix Select Suffix

Nickname

Date of Birth* June 7 2007

Email Address

Cell Phone

Is the participant the same as the primary account holder?

No

Address* P.O. Box 1212

Address Unit

City* Burlingame

State* California

ZIP Code* 94011

Is the participant's address same as the primary account holder?

Yes

+ Add Another Participant


<< Back Continue >>

Cart Summary 0

Registration: \$0.00

Cart Subtotal: \$0.00

[View My Cart](#)


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ABOUT SSL CERTIFICATES


Need Help?
Burlingame AYSO Region 63
PO Box 1212
Burlingame, California 94011
Phone:--
registrar@burlingameayso.org
Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration F.A.Q.](#)

You can add another player at this point.

Now Click Continue

Important Note
Thank you for registering a player

Add New Participant:



Joan Doe
D.O.B: June 7, 2007

Gender*

FEMALE

First Name*

Joan

Middle Name

Last Name*

Doe

Suffix

Select Suffix

Nickname

Date of Birth*

June

7

2007

Email Address

Cell Phone

Is the participant the same as the primary account holder?

No

Address*

P.O. Box 1212

Address Unit

City*

Burlingame

State*

California

ZIP Code*

94011

Is the participant's address same as the primary account holder?

Yes

+ Add Another Participant

Back

Skip

Continue

Cart Summary

Registration Fee: \$100.00

Cart Subtotal: \$100.00



SPORTS ILLINOIS
ABOUT

Need Help?
Burlingame
P.O. Box 1212
Burlingame, CA 94011
Phone: (415) 333-1212
registrations@burlingame.org
Blue Sky Sports
registrations@burlingame.org
across the country
trouble with your registration?

At this point the system now knows about your players and their age and will present what programs (divisions) are available.

Registration Notes

Price shown below may not include any additional applicable fees. View your shopping cart for further details.



Programs Available for Jane Doe

2017 Fall Soccer - Primary


Activity Type: Soccer

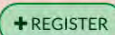
1

WAIT LIST- U12 Girls - Birth Years 2006-2007

Start and End Dates:
09/09/2017 & 10/28/2017

Early Bird Registration Discount Available!


 (Wait List Policy)




Cart Summary

Registration:

Cart Subtotal:





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ABOUT SSL CERTIFI

Click the green “+REGISTER” and it will change to “SELECTED”


Programs Available for Jane Doe


2017 Fall Soccer - Primary

Activity Type:
Soccer



1

WAIT LIST- U12 Girls - Birth Years 2006-2007
Start and End Dates:
09/09/2017 & 10/28/2017
Early Bird Registration Discount Available!

 (Wait List Policy)

 **SELECTED**

Now you need to fill in the full details in the form for each player. The fields with a red asterisk are required fields.

Make sure to fill in the fields. Mailing address is only needed if different than the address entered earlier. Also make sure to accept the waivers at the end and click continue.

[Back to My Account / Logout](#)Region 63

Account Details

Add Participants

3Program Information

4

Wait List Policy

1

U12 Girls - Birth Years 2006-2007

All Players at this time are placed on a wait list until we can confirm we have enough Coaches and other Volunteers to support the number of players. You will receive an email when you are taken off the wait list and ready for a team.

Program Information needed for Jane Doe

Emergency Contact First Name*

John

Emergency Contact Last Name*

Doe

Emergency Contact Phone number*

650

555

1212

1

2017 Fall Soccer - Primary

U12 Girls - Birth Years 2006-2007

Jane Doe

1

2

Mailing Address

50 Characters Remaining

Mailing City

Mailing State

Select State

Mailing ZIP

New or Returning?

☒ New ☐ Returning

Physician Name*

30 Characters Remaining

Physician Telephone*

Insurance Company*

40 Characters Remaining

Insurance Policy #*

30 Characters Remaining

Insurance Policy Holder*

30 Characters Remaining

School Name*

Make a Selection

School (Other - Specify)

30 Characters Remaining

Players Grade in the FALL (rising grade)*

Make a Selection

Cart Summary

1

Registration:

\$0.00

Cart Subtotal:

\$0.00

View My Cart

Norton SECURED

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ABOUT SSL CERTIFICATES

Need Help?

Burlingame AYSO Region 63

P.O. Box 1212

Burlingame, California 94011

Phone:--

registrar@burlingameayso.org

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration F.A.Q.](#)

Mailing ZIP

New or Returning?*

☒ New ☐ Returning

Physician Name*

Dr. Best

42 Characters Remaining

Physician Telephone*

650

555

1213

Insurance Company*

US Health

21 Characters Remaining

Insurance Policy #*

123455

34 Characters Remaining

Insurance Policy Holder*

John Doe

22 Characters Remaining

School Name*

BIS

School (Other - Specify)

34 Characters Remaining

Players Grade in the FALL
(rising grade)*

6th Grade

Years of Experience?*

4

Height

Make a Selection

Weight
(In pounds)

Uniform Size

ADULT SMALL

Jersey Size

ADULT SMALL

Shorts Size

ADULT SMALL

Allergies

None

42 Characters Remaining

Physical conditions of
which the staff should be
aware

None

42 Characters Remaining

I accept the waiver*



AYSO Membership Fee Information

The AYSO Membership Fee is non-refundable and non-transferable. Membership is required for each Membership Year (8/1 - 7/31) before a member may participate in any AYSO program or event. This fee entitles the member to all benefits for that membership year.

AYSO Annual Membership benefits include:

- * Membership Card
- * Annual subscription to the Play Soccer magazine
- * Newsletters
- * Soccer Accident Insurance
- * Special offers and discounts
- * Access to the AYSO Player website channel

I accept the waiver*



Burlingame Refund Policy

Wait list players will receive a full refund if Burlingame AYSO informs you that no slot is available. If you are notified that a slot is available and you choose not to take the slot, the standard refund policy below applies.

Please let us know as soon as possible, since there may be a player on a waiting list that can be accommodated. Our refund policy is as follows depending on when we receive your request:

Received on/before July 15th: full refund less a \$20.00 processing fee
Received 7/16 until two weeks prior to Opening Day: refund of 50% (eg if Opening Day is 9/10, refunds provided up for requests received on/before 8/27)
Received later than two weeks prior to Opening Day (after 8/25): no refund (unfortunately late cancellations have a large negative impact on team balancing and also keep other kids from playing; this isn't intended to be punitive but rather encourage cancellations as early as possible.)

Please note that this refund policy applies for any withdrawal from the program, including, but not limited to, other commitments, practice schedule conflicts, game conflicts, etc.

All refund requests must be made in writing to:
AYSO Region 63
P.O. Box 1212
Burlingame, CA 94011

-or-
Emailed to: registrar@burlingameayso.org

All requests must include player's name, AYSO ID, division and team #, parent's name and address, and reason for the refund request.

Please allow 2-4 weeks for the processing of a refund request; all refunds per AYSO National policy must be made by check and requires two signatures.

I accept the waiver*



« Back

Continue »

Now we have the information to generate the player form and for you to sign the forms electronically. We require that all forms be electronically signed.

Click the Green “Click here to eSign Form”

This form is similar to prior years and requires you to scroll halfway down, check a couple of boxes as indicated.

• 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 page.

Player Registration Form
Membership Year: MY2017
AYSO ID #: 200150687

Region Number: 63 Division: U12 Girls - Birth Years 2006-2007 Check if a VIP Player: ☐ Loc. Code: _____

Player Information

First Name: Jane Middle Name: _____ Last Name: Doe Title: _____ Area Code: _____ Telephone: _____
 Address: P.O. Box 1212 City: Burlingame State: California Zip Code: 94011
 Country: US Birthdate: 6/7/2007 Age: 9 Gender: ☒ Boy ☐ Girl
 Emergency Contact (other than parent): John Doe Area Code: 650 Emergency Telephone: 555-1212 Physician Name: Dr. Best Area Code: 650 Physician Telephone: 555-1213
 US Health Insurance Policy #: US Health 123455 Birthdate: 6/7/2007 Family E-mail Address: aysotestacct@gmail.com
 Yes or No to Experience: 4 Height: _____ Weight: _____ Sports to play with: _____ Current Injuries or Minor Physical Limitations or other medical condition the coach should know about: Yes None
 Hospital Specific Message: _____

If Player is a minor, provide Parent/Guardian #1 ☒ Father ☐ Mother ☐ Guardian ☐ Other

First Name: John Middle Name: _____ Last Name: Doe Title: _____ Area Code: _____ Telephone: _____
 Address (if different from player): P.O. Box 1212 City: Burlingame State: California Zip Code: 94011 E-mail Address: aysotestacct@gmail.com
 Employer: _____ Area Code: 650 Business/Cellular Telephone: 555-1212 Home Telephone: _____
 If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.

If Player is a minor, provide Parent/Guardian #2 ☐ Father ☐ Mother ☐ Guardian ☐ Other

First Name: _____ Middle Name: _____ Last Name: _____ Title: _____ Area Code: _____ Telephone: _____
 Address (if different from player): _____ City: _____ State: _____ Zip Code: _____ E-mail Address: _____
 Employer: _____ Area Code: _____ Business/Cellular Telephone: _____ Home Telephone: _____
 If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.

Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, 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 examination and/or treatment.

I HAVE READ THE EMERGENCY AUTHORIZATION AND ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

☒ I agree to use an electronic signature [\(read more\)](#)

☒ I represent and warrant that I am the parent or legal guardian of the player named on this application. I am the parent or legal guardian of the player named on this application and I hereby agree to the terms and conditions of the Player's participation in the Events. I agree the terms and conditions hereof shall apply to all of my participation in the Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Parent/Guardian Signature: John Doe Date: _____

☐ 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 the Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Player Signature: Typing your name to sign Date: _____

DOB Verification: _____ Check Number: _____ Fee Charged: _____ Amount Paid: _____

Make sure to check both these boxes the enter your name. Then scroll down to the bottom of this page

Be sure to scroll all the way to the bottom of this page, you will see the Concussion Information Sheet, this is now a California State Law requirement. At the bottom of the page click “Continue to Review”

For internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio visual recordings of Player consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, as may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

On behalf of myself, or Player (if Parent), and all members of my family or child's family, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from time to time, and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and agree that Player or any member of Player's family may be removed from the program at any time with or without cause. I represent that Player has not been convicted of any crime nor does Player have any known condition that might pose undue risk to other participants.

(Please signify your agreement with the foregoing by signing in the space indicated on the top of this form.)

Parent/Athlete Concussion Information Sheet	
<p>A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.</p> <p>WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?</p> <p>Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.</p> <p>If an athlete reports one or more symptoms of concussion listed</p>	
<p>SIGNS OBSERVED BY COACHING STAFF</p> <ul style="list-style-type: none">Appears dazed or stunnedIs confused about assignment or positionForgets an instructionIs unsure of game, score, or opponentMoves clumsilyAnswers questions slowlyLoses consciousness (even briefly)Shows mood, behavior, or personality changesCan't recall events prior to hit or fallCan't recall events after hit or fall <p>CONCUSSION DANGER SIGNS</p> <p>In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body s/he exhibits any of the following danger signs:</p> <ul style="list-style-type: none">One pupil larger than the otherIs drowsy or cannot be awakenedA headache that not only does not diminish, but gets worseWeakness, numbness, or decreased coordinationRepeated vomiting or nauseaSlurred speechConvulsion or seizuresCannot recognize people or placesBecomes increasingly confused, restless, or agitatedHas unusual behaviorLosses consciousness (even a brief loss of consciousness should be taken seriously) <p>WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?</p> <p>If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.</p>	<p>This information sheet was produced in cooperation with the Center for Disease Control (CDC).</p> <p>DID YOU KNOW?</p> <p>Most concussions occur without loss of consciousness. Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults.</p> <p>Below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.</p> <p>SYMPTOMS REPORTED BY ATHLETES</p> <ul style="list-style-type: none">Headache or "pressure" in headNausea or vomitingBalance problems or dizzinessDouble or blurry visionSensitivity to lightSensitivity to noiseFeeling sluggish, hazy, foggy or groggyConcentration or memory problemsConfusionJust not "feeling right" or "feeling down" <p>Remember</p> <p>Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.</p> <p>WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?</p> <p>If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.</p> <p>Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.</p> <p>It's better to miss one game than the whole season.</p> <p>For more information on concussions, Visit : www.cdc.gov/Concussion</p>
<p>Jane Doe Student-Athlete Name Printed</p> <p>Parent or Legal Guardian Printed</p>	<p>Student-Athlete Signature</p> <p>Parent or Legal Guardian Signature</p>
<p>Date</p>	<p>Date</p>

[Back](#) [Cancel this application](#) [Continue to review](#)

Continue to next page

Just like prior years, you see this form again. Make sure to scroll to the bottom and click the “Submit signed player registration” – You are almost done, please keep going.

I represent and warrant that I am the parent or legal guardian of the Player named on this application, a minor, and that I am authorized on behalf of myself, Player and our heirs and assigns, to hereby enter into this Waiver Agreement in CONSIDERATION OF Player's being able to participate in the events. I agree the terms and conditions hereof shall apply to all of my Player's participation in any Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Parent/Guardian Signature John Doe Date 08/15/2017

Electronic Signature Record ID: MYW-691162-AT901-1067/700-691163-AT901-1067
Current Date & Time: 15-Mar-17 11:22:53 PST
IP address: 74-93-10-181-SFPA.sfc.comcastbusiness.net (74.93.10.181)
Signed to E-Sign Document at: 15-Mar-17 11:22:53 PST

DOB Verification	Check Number	Fee Charged	Amount Paid

This document contains confidential and/or proprietary information and is the property of the American Youth Soccer Organization

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First Name	Middle Name	Last Name	AYSO ID #
Jane	Doe	Doe	200160687

Disclaimer, Assumption of Risk and Waiver, and Consent Agreement ("Waiver Agreement")

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strains, sprains or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily assume all such risks both known and unknown, even if arising from the negligence of the releasees (the term "releasees" is defined below). I agree to comply with the stated and customary terms and conditions for participation or continued participation and, if the participant ("player") or I observe any concern in player's readiness for participation in practices, games or other activities ("events"), I will remove player from participation and immediately bring such concern to the attention of the nearest official and the regional commissioner as soon as possible.

HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, TO THE FULLEST EXTENT PERMITTED BY LAW, THE AMERICAN YOUTH SOCCER ORGANIZATION ("AYSO"), ITS PLAYERS, EMPLOYEES, VOLUNTEERS, OFFICIALS, SPONSORS AND OTHER REPRESENTATIVES AND ALL OWNERS, LESSORS, LESSEES OR OTHER PERSONS OR ENTITIES ALLOWING THE USE OF FACILITIES BY AYSO AND THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES ("RELEASEES") FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, COSTS, EXPENSES AND COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO A LOSS, INJURY OR OTHER DAMAGE TO PLAYER OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OR INDIVIDUALS I INVITE OR FOR WHOM I AM OTHERWISE RESPONSIBLE, OR TO THEIR PROPERTY, WHILE PARTICIPATING IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE IN WHICH WE LIVE AND AGREE THAT IF ANY PORTION OF THIS WAIVER AGREEMENT IS DEEMED TO BE INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

ACKNOWLEDGEMENT AND CONSENT:
Understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available on-line at <http://www.ayso.org>, as may be amended from time to time, and either I have read and understand the terms or I will do so before Player participates in any Events.
have received the AYSO/CDC Parent/Athlete Concussion Information Sheet (also available online at <http://www.ayso.org>) which contains information related to a) signs and symptoms of a concussion; b) danger signs associated with a concussion; c) why athletes should report symptoms related to a concussion; and d) what should be done if a concussion is suspected. I agree to review the Concussion Information Sheet (or review with Player) and return a signed copy to Player's coach on the first day of practice.
for internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio visual recordings of Player consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, as may be amended from time to time. I consent to such uses and hereby waive all rights to privacy and compensation.
On behalf of myself, or Player (if Parent), and all members of my family or child's family, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from time to time, and all decisions and directions of the Regional Board, Area association staff, and the National Board of Directors, and agree that Player or any member of Player's family may be removed from the program at any time with or without cause. I represent that Player has not been convicted of any crime nor does Player have any known condition that might pose undue risk to other participants.
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WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?
Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.
If an athlete reports one or more symptoms of concussion listed

SIGNS OBSERVED BY COACHING STAFF
Appears dazed or stunned
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows mood, behavior, or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall

CONCUSSION DANGER SIGNS
In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body she exhibits any of the following danger signs:
One pupil larger than the other
Is drowsy or cannot be awakened
A headache that not only does not diminish, but gets worse
Weakness, numbness, or decreased coordination
Repeated vomiting or nausea
Slurred speech
Convulsion or seizures
Cannot recognize people or places
Becomes increasingly confused, restless, or agitated
Has unusual behavior
Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?
If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

This information sheet was produced in cooperation with the Center for Disease Control (CDC).

DID YOU KNOW?
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Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
Young children and teens are more likely to get a concussion and take longer to recover than adults.

below after a bump, blow, or jolt to the head or body, she should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says she is symptom-free and it's OK to return to play.

SYMPTOMS REPORTED BY ATHLETES
Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Just not "feeling right" or "feeling down"

Remember:
Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?
If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says she is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season.
For more information on concussions, visit: www.cdc.gov/concussion

Jane Doe Student-Athlete Name Printed	Student-Athlete Signature	Date
John Doe Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

[Return to add this form](#) [Submit signed player registration](#)

You see that the e-signature is complete, click “Continue”

E-signature for Jane Doe

2017 Fall Soccer - Primary U12 Girls - Birth Years 2006-2007 E-Signature Complete

Back Continue

You are now in the final steps – Payment, which for waitlist is \$0, but you still have to complete these steps. Click the red “CONTINUE” button.

[Back to My Account / Logout](#)Region 63DICK'S SHO

✓Account Details

✓Add Participants


✓Program Information

4Confirm and Checkout

⚠ If you are inactive on this page for 15 minutes, you'll automatically be logged out and will have to log back in to complete your registration.

Registration Summary

Coupon Code: Apply

 1

2017 Fall Soccer - Primary

U12 Girls - Birth Years 2006-2007

Jane Doe

Payment Options:

PAY IN FULL

\$0.00

✓ SELECTED

Registration Breakdown:


Wait List Registration

\$0.00

Subtotal

\$0.00


✖ Remove from cart



CONTINUE

Order Summary

Registration Subtotal	\$	0.00
Total	\$	0.00
Due Today	\$	0.00
Open Balance	\$	0.00


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ABOUT SSL CERTIFICATES

Need Help?

Burlingame AYSO Region 63
PO Box 1212
Burlingame, California 94011

Phone:--
registrar@burlingameayso.org

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration F.A.Q.](#)

Payment Information

Confirmation

« Back

Continue

Please leave the payment method as credit card and just click “CONTINUE”

[Back to My Account / Logout](#)Region 63

DICK'S SHQ

✓Account Details

✓Edit Participant

✓Program Information

4Confirm and Checkout

If you are inactive on this page for 15 minutes, you'll automatically be logged out and will have to log back in to complete your registration.

Registration SummaryEdit

Payment Information

Order Summary

Payment Method for Registration*Credit Card←

For cash or check payments contact your Region's Registrar for instructions to complete your order.

?

Is the billing address same as the primary account holder's address?

Yes

First Name*John

Last Name*Doe

Address 1*P.O. Box 1212

Address 2

City, State*BurlingameCalifornia

Zip*94011

→CONTINUE

Confirmation

BackContinue

Norton

SECURED

powered by Symantec

ABOUT SSL CERTIFICATES

Need Help?

Burlingame AYSO Region 63

PO Box 1212


Burlingame, California 94011

Phone:—

registrar@burlingameayso.org

Blue Sombra is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration FAQ](#).

Last Step – select the green “Continue” button.

 If you are inactive on this page for 15 minutes, you'll automatically be logged out and will have to log back in to complete your registration.

Registration Summary


Edit

Payment Information

Edit

Confirmation

Registration Breakdown by Participant

 1

2017 Fall Soccer - Primary / U12 Girls - Birth Years 2006-2007 / Jane Doe

Order Summary

Wait List Registration \$0.00

ORDER TOTAL: \$0.00

DUE TODAY: \$0.00


Order Summary

Registration Subtotal \$ 0.00

Total \$ 0.00

Due Today \$ 0.00

Open Balance \$ 0.00

 Norton SECURED
powered by Symantec
ABOUT SSL CERTIFICATES

Need Help?

Burlingame AYSO Region 63
PO Box 1212
Burlingame, California 94011
Phone:--
registrar@burlingameayso.org
Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration F.A.Q.](#)

Continue

You know will get your Order Confirmation. Now make sure to come to the onsite registration at the Burlingame Recreation Center.

[Back to My Account / Logout](#)Region 63DICK'S SHO

✓Account Details


✓Add Participants

✓Program Information

✓Confirm and Checkout

Registration Order Summary

Registration Breakdown by Participant

1

2017 Fall Soccer - Primary

U12 Girls - Birth Years 2006-2007

Jane Doe

Description	Price	Balance Amount
Wait List Registration	\$0.00	\$0.00

ORDER TOTAL: \$0.00

Payment Amount: \$0.00

Order Detail

Order Number	2017120013772
Name	John Doe
Address	P.O. Box 1212
City/State/Zip:	Burlingame CA 94011

Thank you for signing up for the Wait List for U12 Girls - Birth Years 2006-2007. You will be notified if a spot becomes available.

All Players at this time are placed on a wait list until we can confirm we have enough Coaches and other Volunteers to support the number of players. You will receive an email when you are taken off the wait-list and ready for a team.

Share

Tweet

My Account

Need Help?

Burlingame AYSO Region 63
PO Box 1212
Burlingame, California 94011

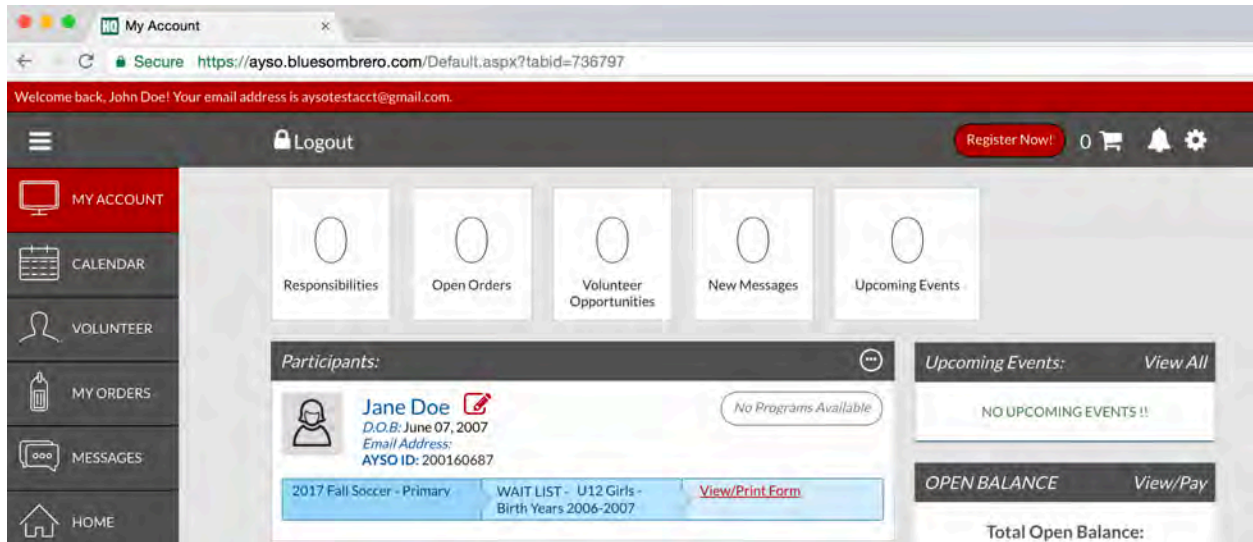
Phone:--
registrar@burlingameayso.org

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration F.A.Q.](#)

Now it is time to volunteer – We need many volunteers to help run our program and we provide all the training, no experience is needed.

Click the My Account button.

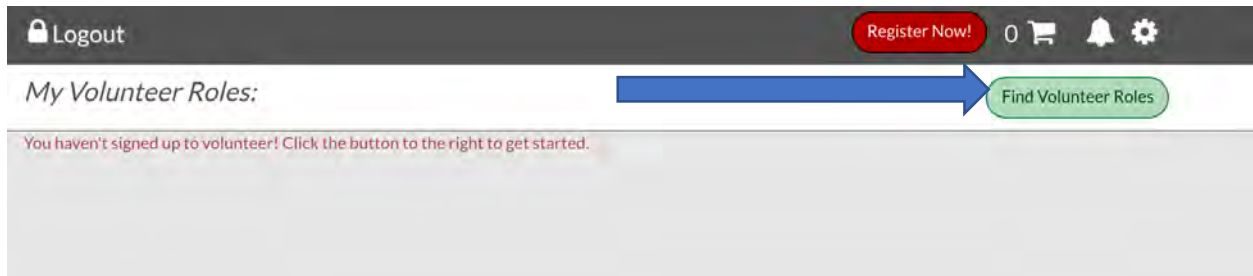
VOLUNTEER Walk Through



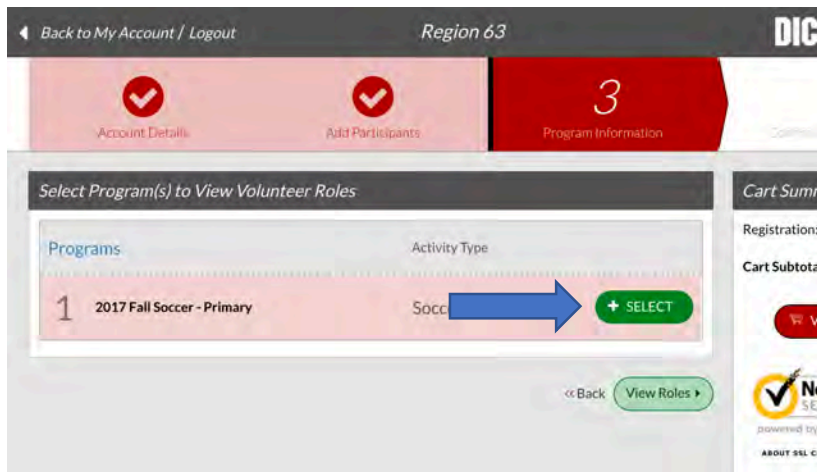
You see the player you just registered, now for you to register as a volunteer. All volunteers must fill in a volunteer application form, e-sign the form, and fill in the volunteer verification form. All volunteers go through a background check.



Select the red “VOLUNTEER” link of the left.
Click the green “Find Volunteer Roles”



Select the “+SELECT” for the program then click “View Roles”



The new registration system breaks all volunteer roles by division, please select the division of your player (make sure you select the correct gender). This is very important for coach and assistant coach. For Referees, it is not critical which division is selected.

NOTE: select only ONE role at this time. If you want to sign up for other roles, come back in and select the additional roles after you complete your first form. This way the information is already in the form and you will not have to fill in multiple volunteer forms.

This screenshot shows a list of roles and divisions in the registration system. The roles are listed in a table with a 'SIGN UP' button next to each. The roles are: Head Coach, Referee, Youth Referee, Assistant Coach, Field Lining, Field Setup, Head Coach, Referee, and Youth Referee. The divisions are: 2017 Fall Soccer - Primary and U12 Girls - Birth Years 2006-2007. The roles are grouped by division, with the first three roles (Head Coach, Referee, Youth Referee) under the first division and the remaining six roles (Assistant Coach, Field Lining, Field Setup, Head Coach, Referee, Youth Referee) under the second division.

Select yourself and click continue.

This screenshot shows the 'Who would you like to select for the following position(s)?' screen. The screen has a dark header with 'Back to My Account / Logout' and 'Region 63'. Below the header is a red bar with three tabs: 'Account Details', 'Add Participants', and 'Program Information'. The 'Program Information' tab is selected, showing a red bar with the number '3'. The main content area is titled 'Who would you like to select for the following position(s)?' and shows a list of roles and divisions. The first role is 'Head Coach' for '2017 Fall Soccer - Primary' and 'U12 Girls - Birth Years 2006-2007'. Below the list is a grid with two options: 'John Doe' (with a red profile picture) and 'Invite New Account User' (with a plus sign). A blue arrow points to the 'John Doe' option. At the bottom right, there is a green 'Continue' button with a right arrow. A blue arrow points to the 'Continue' button.

This is the long form, please fill in all the required information, including a “business” and personal reference. At this point in the process, it will only ask for the last 4 digits of your social security number. Later it will ask for the full number that is not stored by Blue Sombrero or by AYSO, it is transmitted directly to the background check company to keep it as secure as possible.


Additional Position Information

1

Head Coach

2017 Fall Soccer - Primary

U12 Girls - Birth Years 2006-2007



John Doe

D.O.B: Jan 3, 1959

Email Address: aysotestacct@gmail.com

New or Returning Volunteer?

Select

First Name*

John

Middle Name*

Nickname

30 Characters Remaining

Last Name*

Doe

Suffix

Select Suffix

Maiden Name*

Last Four Digits of Social Security Number*

Birth Date*

Jan

3

1959

Gender*

Male

Photo ID Type*

Driver's License

Photo ID Number*

20 Characters Remaining

Photo ID State*

California

Cart Summary

Registration:

Cart Subtotal:





Need Help?

Burlingame #

PO Box 1212

Burlingame, CA

Phone:--

registrar@bu

g

Blue Sombrero

online registrar

sports league

country. If you

trouble regis

check out our

F.A.Q.

Make sure at the bottom to click that you accept the waiver and click continue.

Note: Referees have a couple additional questions.

A screenshot of a web form titled "Accept Waiver?". At the top, a grey box contains the text: "of Directors, and I understand that I may be removed as an AYSO volunteer at any time with or without cause." Below this, the text "Accept Waiver?" is followed by a red button with the word "Yes" and a white circle. A blue arrow points from the right towards this button. At the bottom right of the form, there is a green button labeled "Continue" with a right-pointing arrow. A blue arrow points from the left towards this button.

Now that the information has been collected, you need to eSign the form, just like the player forms. Click the green "Click Here to eSign Form"

A screenshot of a web page titled "Volunteer E-signature for John Doe". The page has a dark header with the title. Below the header, there is a red box containing the text "2017 Fall Soccer - Primary" and "U12 Girls - Birth Years 2006-2007". Below this, the text "Head Coach" is displayed. A blue arrow points from the "Head Coach" text towards a green button labeled "Click Here to eSign Form". At the bottom of the page, there are two buttons: "<< Back" and "Continue >>". On the right side of the page, there is a sidebar titled "Cart Summary" which includes the text "Registration:", "Cart Subtotal:", and a red button labeled "View N". At the bottom of the sidebar, there is a logo for "Nortc SECURI" with the text "powered by Syma" below it.

Make sure to check the check boxes and enter your name, scroll down and click “Continue to review”

DISCLOSURE All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer in the American Youth Soccer Organization (“AYSO”). AYSO accepts applications from the Regional Child & Volunteer Protection Advocate or online at http://www.ayso.org .	
Have you ever been convicted of a crime (felony or misdemeanor)? YES <input checked="" type="checkbox"/> NO	
If yes, describe each conviction in full, indicating date of crime and city, county and state where each took place.	
Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements	
EMERGENCY AUTHORIZATION: I, hereby authorize each of the coaches, team parents, 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 to seek and obtain medical attention, including hospitalization, surgery, dental examination and/or treatment.	
I HAVE READ THE EMERGENCY AUTHORIZATION AND ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTITUTIONS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.	
<input checked="" type="checkbox"/> I agree to use an electronic signature (read more)	
<input type="checkbox"/> 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 the Events, regardless of the year or season in which such participation occurs.	
Volunteer Signature	<u>John Doe</u> _____ Date _____
<input type="checkbox"/> I represent and warrant that I am the parent or legal guardian of the Player named on this application, a minor, and that I am authorized on behalf of myself, Player and our heirs and assigns, to hereby sign this form for the Player. I agree the terms and conditions hereof shall apply to all of my Player's participation in any Events, regardless of the year or season in which such participation takes place.	
Parent/Guardian Signature	<u>Type your name to sign</u> _____ Date _____
This document contains confidential and/or proprietary information and is the property of the American Youth Soccer Organization.	
© 2013 American Youth Soccer Organization Rev. 2016	
WAIVER, CONSENT, RELEASE, DISCLAIMER AND ASSUMPTION OF RISK AGREEMENT (“Waiver Agreement”)	
By affixing my signature on the reverse side of this form, I, on behalf of myself, and my heirs, assigns and next of kin, hereby enter into this Waiver Agreement IN CONSIDERATION OF my being able to participate in the American Youth Soccer Organization (“AYSO”) and to enter the premises or facilities where the EVENTS are taking place.	
BACKGROUND CHECK WAIVER, CONSENT AND RELEASE OF LIABILITIES: I hereby consent to the investigation and verification of all information given on this application, including searches of law enforcement records, contact with former employers and reference interviews. I hereby release and agree to hold harmless AYSO and its officers, employees and volunteers and any person or organization that provides information for or is used in this application. I declare that all of the information given by me on this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may be cause for suspension or removal from participation. I agree to receive a copy of any background check report secured by AYSO. If I have checked the box following this sentence, I would like to receive a copy of any such background check. Yes []	
DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I ACKNOWLEDGE THAT PARTICIPATION IN SOCCER NECESSARILY INVOLVES TRAVEL, PARTICIPATION ON ADVERSE FIELD CONDITIONS, CONTACT WITH OTHER PLAYERS, PHYSICAL INJURY INCLUDING BRUISES, SCRAPES, STRAINED, SPRAINED OR TORN MUSCLES, TENDONS OR LIGAMENTS, BROKEN BONES, DISLOCATION OF JOINTS, CONCUSSION, BRAIN DAMAGE AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES.	
I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, TO THE FULLEST EXTENT PERMITTED BY LAW, AYSO, ITS PLAYERS, EMPLOYEES, VOLUNTEERS, OFFICIALS, SPONSORS AND OTHER PERSONS OR ENTITIES ALLOWING THE USE OF FACILITIES BY AYSO AND THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES (“RELEASEES”) FROM ALL AND ANY COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO A LOSS, INJURY OR OTHER DAMAGE TO ME OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OR INDIVIDUALS I INVITE OR PARTICIPATE IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I ACKNOWLEDGE THAT AYSO IS PRIMARILY ADMINISTERED BY VOLUNTEERS.	
I ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE IN WHICH PARTICIPATION TAKES PLACE. IF ANY PROVISION OF THIS WAIVER AGREEMENT IS HELD TO BE INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT.	
ACKNOWLEDGEMENT AND CONSENT: I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at http://www.ayso.org , as terms or I will do so before I participate in any EVENTS.	
For internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio visual recordings of me consistent with the AYSO Privacy Policy set forth at http://www.ayso.org , subject to my approval and compensation.	
I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at http://www.ayso.org , as may be amended from time to time, and all decisions and directions of the Regional Board of Directors that I may be removed as an AYSO volunteer at any time with or without cause.	
(Please signify your agreement with the foregoing by signing in the space indicated on the top of this form.)	
<div>Back Cancel this application Continue to review</div>	

Just like the player and prior years, you get the form again to review. Scroll down to Submit.

photos and audio visual recordings of me consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, subject to my approval and compensation.

I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from time to time, and all decisions and directions of the Regional Board of Directors that I may be removed as an AYSO volunteer at any time with or without cause.

(Please signify your agreement with the foregoing by signing in the space indicated on the top of this form.)

Return to edit this form	Submit signed volunteer application
--------------------------	--

Almost there – The final step is the Volunteer Verification Form which is where you will enter your full social security number directly to the background check company. Click the “Click Here for Volunteer Verification Form”.

Please note that all volunteers must clear a background check so the information is mandatory.

The screenshot shows a web interface titled "Background Check for John Doe". It features a progress bar with three segments: "2017 Fall Soccer - Primary", "U12 Girls - Birth Years 2006-2007", and an empty segment. Below the progress bar, the role "Head Coach" is listed. A large blue arrow points from the role to a green button labeled "Click Here for Volunteer Verification Form". At the bottom right, there are two buttons: "<< Back" and "Continue >". On the right side of the page, there is a sidebar with links for "Cart Su", "Registrat", "Cart Sub", and a logo for "powered by" with a checkmark icon and the text "ABOUT :".

When you return from that form, click continue and thank you for volunteering.