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 The old eavso accounts are no longer valid. But, after you create and re-enter information this year, subsequent years will be even easier.



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 signup 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

Fi	rst	Name	
1:	ist l	Name	

Email Address

Create Username

Password

Confirm Password

Create Account!

Already have an account? <u>Sign in here!</u> Forgot your <u>Username</u> or <u>Password</u>? <u>Click here to register through eAYSO</u>

WHO WILL YOU BE?

lunteer Roles, then Select and Vi	ew Roles
John	
Doe	
aysotestacct@gmail.com	
aysotestaccount	

Enter your name as the adult

Norton SECURED

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)

Back to My Account / Lagout	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	Region	63		DICK S	TSHQ	
1 Adorem Ecolor		2		3	4		
Primary Parent/Guardian Info	mation			-	Cart Summary	0	
¢	John Doe Email: aysotestacct@gm Username: aysotestacce	uail.com ount			Registration: Cart Subtotal:	50.00 50.00	
Gender	MALE			-	Norton		
Select your relationship to your participants:	Father				Anour es, contracente		
Address	PD, Box 1212						
Address Unit					Need Help?		
City	Burlingame				Burlingtone AVSC Required PO Box 1212		
State	California			2	Prese report antiburiling ambardo		
ZIP Code*	94011				Blue Something is the leader registration for youth sport	in communities	
Home Phone		11	1		acrow the scentry. If you an treads reprint one places to our Reportation FAO.	chaving webited	
Cell Phone	650	555	1212				
Receive Text Alerts?	What's this	it.					
Secondary Email Address							
				1.1			

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.



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

Account Details	2 Add Participants	3	4
Important Note		- 1	Cart Summary
Thank you for registering a player			Registration:
Add New Participant:		\odot	Cart Subtotal:
Is the participant the	same as the primary account holder?	() Mo	View My Cart
	Jane Doe		Norton
ආ			ABOUT SSL CERTIFICATES
1 775-16			Need Help?
Gender*	FEMALE	+	Burlingame AYSO Region 63
First Name*	Jane		PO Box 1212 Burlingame, California 94011
Middle Name			registrar@burlingameayso.org
Last Name*	Doe		registration for youth sports leap across the country. If you are had
Suffix	Select Suffix	*	trouble registering please check our Registration F.A.Q.
Nickname			
Date of Birth*	June \$ 7 \$	*	
Email Address			
Cell Phone			
Is the participant's add	Iress same as the primary account holder?	Yes	
Address	P.O. Box 1212		
Address Unit			
City"	Burlingame		
State*	California	\$	
ZIP Code*	94011		

You can add another player at this point.

Now Click Continue

orticipant:		(
s the participant the	same as the primary account holder?	C No
ନ	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	4
Email Address		
Cell Phone		
the participant's add	dress same as the primary account holder?	Yes
Address	P.O. Box 1212	
Address Unit		
City*	Burlingame	
State	California	*
ZIP Code*	94011	

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

Registration Notes		Cart Summar
Price shown below may not include any additional applicable fees	s. View your shopping cart for further details.	Registration:
Programs Available for Jane Doe		Cart Subtotal:
2017 Fall Soccer - Primary	Activity Type: Soccer	⊙ Nort
WAIT LIST- U12 Girls - Birth Years 2006-2007 Start and End Dates:	(Wait List Policy) (Wait List Policy)	powered by Sym

Click the green "+REGISTER" and it will change to "SELECTED"

Programs Available for Jane Doe		
1 2017 Fall Soccer - Primary	Activity Type: Soccer	G
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) 🛛 🗸 🗸	ELECTED

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	DICK [®] S TSH
Account Optans	Add Prescopure Program Information	4
Wait List Policy		Cart Summary
U12 Girls - Birth Years 2006-2 All Players at this time are placed on a	007 vait list bit live can confirm we have endigh Coaches and other Volimteers to support the	Registration: \$0.0
number of players. You will yeceive an	unall when you are taken of the walt dist and ready for a team.	Cart Subtotal: \$0.0
Program Information neede	d for Jane Doe	Tiew My Cart
Emergency Contact First Name*	John	Norton
Emergency Contact Last Name*	Doe	wourt st. centificates
Emergency Contact Phone	650 555 1212	1. 11.1.5
Humber		Runlingame AVSO Region 63
1 2017 Fall Soccer - Primary	U12 Girls-Birth Years 2006-2007 Jane Doe 0	PO Box 1212 Burlingame, California 94011
Mailing Address	[]	Phone: registrar@burlingamoayso.org
	50 Characters Remaining	Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having
Mailing City		trouble registering please check out our Registration F.A.Q.
Mailing State	Select State +	
Mailing ZIP	Annual Annual	
New or Returning?"	i vev a recoming	
	30 Characters Remaining	
Physician Telephone*		
Insurance Company*	40 Cherasters Rumaining	
Insurance Policy #*		
insurance Policy #	50 Characters Remaining	
Insurance Policy Holder*	30 Character's Remainine	
School Name*	Make a Selection +	
School (Other - Specify)		
	50 Characters Remaining	
Players Grade in the FALL (rising grade)*	Make a Selection	

	A		
New or Returning?"	🖶 New 📄 Returning		
Physician Name*	Dr. Best		
	2.2		-D Demanys Femal
Physician Telephone"	650	555	 1213
Insurance Company"	US Health		
			2112 acrsRemo
Insurance Policy #"	123455		
			4 Companya
Insurance Policy Holder*	John Doe		Marken and an an
			2) Literaters Koner
School Name*	BIS		
School (Other - Specify)			
			SALCIaldana Remai
Players Grade in the FALL (rising grade)"	6th Grade		
Years of Experience?"	4		
Height	Make a Selection		
Weight (In pounds)			
Uniform Size	ADULTSMALL		
Jersey Size	ADULTSMALL		
Shorts Size	ADULTSMALL		
Allergies	Nóne		
			195 Constant Remai
Physical conditions of which the staff should be	None		
aware			C - Selvenni

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 * Membership Card * Annual subscription to the Play Soccer magazine: * Membership Card * Annual subscription to the Play Soccer magazine: * Membership Card * 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 sl available. If you are notified that a slot is available and you choose not to take the sl the standard refund policy below applies. Please let us know as soon as possible, since there may be a player on a waiting list t can be accommodated. Our refund policy is as follows depending on when we receiv 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 Openin Day is 9/10, refunds provided up for requests received anibefore 8/27) Received Idar than two weeks prior to Opening Day: refund of so% (eg if Openin Day is 9/10, refunds provided up for requests received anibefore 8/27) Received Idar than two weeks prior to Opening Day (after 8/25); no refund (unfortunately late cancellations have alarge negative ingact on team balancing an al	I accept the waiver"	4
AVSO 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 Mate list players will receive a full refund if Burlingame AYSO Informs you that no sl available. If you are notified that a slot is available and you choose not to take the sl title standard refund policy below applies. Please let us know as soon as possible, since there may be a player on a waiting list t can be accommodated. Our refund policy is as follows depending on when we receive your request: Received 7/16 until two weeks prior to Opening Day: refund of 50% (regif Openin Day is 9/10, refunds provided up for requests received on/before 8/27) Received 7/16 until two weeks prior to Opening Day: fatter 8/25): no refund (unfortunately late cancellations have a large negative impact on team balancing an 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 apples for any withdrawal from the program. Including, but not limited to, other commitments, practice schedule conflicts, game conflicts, etc. All refund reguests must be made in writing to: AVSO Region 63 The set of	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 lee entitles the member to all benefits for that membership year.
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* 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 sl available. If you are notified that a slot is available and you choose not to take the sl the standard refund policy below applies. Please let us know as soon as possible, since there may be a player on a waiting list t 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 Openin 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 an 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 apples 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		* Newsletters * Soccer Accident Insurance
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I accept the waiver* Image: Construction of the second		"Access to the AYSO Player website channel
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		All refund requests must be made in writing to: AVSO Region 63
P.0. B0X 1212		P.O. Box 1212
Burlingame, CA 94011		Burlingame, CA 94011
Emailed to: registrar@burlingameayso.org		Emailed to: registrar@burlingameayso.org
All requests must include player's name. AYSO ID, division and team # parents nam and address, and reason for the refund request.		All requests must include player's name. AYSO ID, division and team $\#$ parents 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.		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.
laccept the waiver*		2

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"

	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.

				() American Ye	outh Soccer Organi	ization					Membe AYS	ership Year: MY2017 O ID #: 20016068
	- R	Region Number 63	U12 Girls - Bi	inth Years 2006-2007		10	oc Code					
		I MALENA MARINA		Line Dama	Player			1 1000 10000		Same Division		
ne		and the rest of		Doe			John	1441 0000		response		
	P.O. Box 1212				Burlingame					California		94011
ng Address (if different h	forn street address)				Cay				-	State		20 Code
in Doe	an parent)		650	555-1212	Dr. Best	•				650	555-1213	phone
Jer sy X Gen	6/7/2007	Apr 9	BIS	0		the statistic second	aysotesta	cct@gmail.	.com			
Health 123455	seya		Stringe to per	il mai		Yes	Wywaw Umaassna or on	er medical conc	ston the could shou	R N/ow about		
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In Specific Message:			_					_			-	
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Name.			11	Player is a minor, provide Parent/Guar	dian #1 X Father	_Mother _Guardia	an _ Other					
hn				soce same		A. 1	Doe					_
Box 1212	(m)		B	er Burlingame			Califo	mia	2p Code 94011	aysotesta	acct@gmail.c	mo:
cyer		Area Code Business Column 650 555-1212	Telephone	Area Code Hor	ne Telephone		AYSO II Refer	en all voluntee te Team Pa	er organization. I appl went Other	y to: _ Coach _ /	Asst. Coach	
			If you have	ve not already done so, please complete and sub	mit a volunteer applica	ation. And thank you in adva	ance for volunteering.					
Name			H	Player is a minor, provide Parent/Guan	dian #2 _ Father	_Mother _Guardia	In _ Other	54				
reas (/ different from play	ver)			24	_		State		Zip Code		E-muil Address	
linuer		Area Code Business Column	Telephone	Anta Code Hon	na Taisotona		ANEO	An all Lots offer	anterination 1 and	in Costa		
			(and the set				Ration	eo _ Taam Pa	went_Other	1000001 _1		
			If you have	Authorization, Disclaimer, Assumption	n of Risk and Wai	ation. And thank you in adva ver and Consent Agre	ance for volunteering.					
RGENCY AUTHOR	ZATION: I, hereby authorize each	of the coaches, team parent	s, or other official	is of AYSO to act as my agents in the capac	ity of activity superv	isors and vehicle drivers	, and I authorize eacl	h of them as	well as the above	-identified Emerg	ency Contact t	o consent to medical,
VELEVEN STREET	RGENCY AUTHORIZATION AND	ALL AGREEMENTS SET F	ORTH HEREIN	AND LEULLY UNDERSTAND THE TERMS	OF FACH AND TH	AT I AND PLAYER HAN	E GIVEN UP SUBS	TANTIAL RIC	SHTS BY SIGNIN	G THIS FORM A	ND AGREEIN	G TO THESE TERMS
VE READ THE EME	TAND IS DEDENT ON DEVAL	OF PLAYER AND MEMBE	RS OF PLAYER	S FAMILY, AND AGREE TO THESE TERN	S FREELY AND VO	OLUNTARILY AND WITH	HOUT INDUCEMENT	LIALSO AG	REE TO INFOR	AYSO IN A TIN	ELY MANNER	R IF ANYTHING ON T
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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"

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<form> Advances Advances</form>	Parent/Athlete Concussion nformation Sheet	This information sheet was produced in cooperation with the Center for Diseas	se Control (CDC)
<section-header> Markan San San San San San San San San San S</section-header>	concustors is a type of traumatic brain injury that changes the way the brain normally works. A concussion is claused by bump, blow or joll to the head or body sat causes the head and brain to move repidly back and forth. Even a "ding," "getting your beil rung," or what seems to be a mild bump or blow to the head can servicus.	DID YOU KNOW?	
<form> In provide the stand and stand and</form>	WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?	Athletes who have, at any point in their lives, had a concussion have an incre Young children and teens are more likely to get a concussion and take longe	based risk for another concussion. I to recover than adulta.
Subsciences Subsciences Approximation Synthemic Big Synthemic B	igns 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. In all takes records one or more symptoms of concussion listed	below after a bump, blow, or joil to the head or body, sifte should be kept out o evaluating for concursion, save sifte is symptom-free and it's OK to return to p	of play the day of the injury and until a health care professional, experienced in
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al devir y device a device adjuint of the sequence of the sequ	CONCUSSION DANGER SIGNS rate case, a dargenue blood of may form on the brain is a person with a concussion and croad the brain against the skull. An athlete should receive measure medical attention if after a bung, tiese or joit to the head or body site exhibits any of the totowing danger signs: he pupil larger than the other	Remember Concussions affect people differently While most athletes with a concussion weeks. A more serious concussion can last for morths or longer.	recover quickly and fully, some will have symptoms that last for days, or even
Tau reaction thereads: The reaction thereads:<	advolvý or závno o k elisaterina o dovolvý or závno o kelisaterina Nekolateri v v tele na kale do ocrálništvo Nekolateri v v tele na kale do ocrálništvo Nekolateri v konjiha se polici o selazeli omrávliško na selazeli o dovol na selazeli na kale o dovol na selazeli o dovol na selazeli	WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION? I you acyster that a strike has a concustor, memory that athlete from pixy Keep the athlete out of pixy the day of the injury and until a health care profess Ok to return to pix.	and seek madeal attention. Do not try to judge the severity of the injury yourself, sional, experienced in evaluating for concussion, says she is symptom-the and it
WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS? In attribute has consistent, hisher brane stress hes in the White anthrem's pair to the brane weeking or permanent in the whate seases. It is best accounted on increase the time of takes to incover: In rare cases, repeat concussions in young attributes can result to brane weeking or permanent in the whate mere information on concussions. Jane Doe Jane Doe Subert Athlete Name Printed Date Date Date Date Date Date Date Date	econes crossiculty contailed, missies, or episted see consciousness (even a binef loss of consciousness should be taken seriously)	Rest is key to helping an athlete recover from a concussion. Exercising or acti or playing video games, may cause concussion symptoms to reappear or get should be carefully managed and monitored by a health care professional.	vities that involve a lot of concentration, such as studying, working on the compute worse. After a concussion, returning to sports and school is a gradual process the
Jane Doe Student Ahlete Name Printed Budent Ahlete Signature Date	WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS? In athletin as consuls, haiter brain access the bin will be andress bein as all healing, she is much more likely to have another consustion, legad concussion; activity and the time it bases to access; in rare cases, repeat concussions in young athletes can result is brain evening or permanent analing to the forum.	It's better to miss one game than the whole season. For more information on concussions, Visit : www.cdc.gov/Concussion	
Student Athlete Name Pitted Date	Jane Doe		
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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.

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or neural and external use, AYSO may obtain, comple and use contact information, socier pholographs and audio visuall recordings of Player consistent will de compensation. In bahait of myself, or Player (P Arent), and all members of my family or cottaits family. I member de player to solicite by the AYSO Bylave, Judy exclosi staff, and the Mational Board of Decodes, and argene matter Player or any member of Player them, may be members from the program arguing trans-	In the AYSO Privacy Policy set to res and philosophies as available th or without cause. I represent t	rth at <u>http://www.ayso.org</u> , as at <u>http://www.ayso.org</u> , as ma hat Player has not been conv	may be amended from time to time, y be amended from time to time, icted of any crime nor does Play	ne. I consent to such uses and he and all decisions and directions or have any known condition that	ereby waive all rights to appro of the Regional Board, Area a at might pose undue risk to ot
In 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, nules, regulations, polici votion 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 wit	ies and philosophies as available th or without cause. I represent t	at <u>http://www.ayso.org</u> . as ma hat Player has not been conv	y be amended from time to time, icted of any crime nor does Play	and all decisions and directions or have any known condition that	of the Regional Board, Area a at might pose undue risk to of
articipants.					
Please signify your agreement with the foregoing by signing in the space indicated on the top of this form.)					
A concussion is a type of traumatic brain ruly that drainings the way the brain normally works. A concussion is caused by burg, blow or jot to the head or body that causes the head and brain to move repidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild burg or blow to the head can be serious. Wark TARE THE Studie AND SYMPTOMS OF CONCUSSION?	DID YOU KNOW? Most concussions occur withou Athletes who have, at any poin Young children and teens are I	It loss of consciousness. I in their lives, had a concussion nore likely to get a concussion	an have an increased risk for anoi and take longer to recover than a	ther 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.	below after a bump, blow, or jot	to the head or body, sine sho	uid be kept out of play the day of	the injury and until a health care	professional, experienced in
	evaluaring ici concussion, says	whe is symptomined and its	OK ID IEIDIN ID play.		
Appears dated or stimmed Is contract about assignment or position Forgets an instruction Is unawer of pame, score, or opponent Answert opponent stowly Loses consolutaness (even briefly) Bhove mode, behavior, or personality oranges Can't recall events parts for all CONCLUSION DANGER SCORE In the cases, a directores In the cases, a directores Contractions	Headerbe or "press Neurals or vomiting Double or burry vis Sensitivity to light Sensitivity to noise Feeling sluggish. In Confusion Just not "feeling rig Remember	ure" in head or dizziness ion xzy, loggy, or groggy emory problems ht" or "feeling down"			
mmediate medical attention if after a bump, blow or joit to the head or body sine exhibits any of the following danger signs:	Concussions affect people diffe weeks. A more serious concus	erently. While most athletes wit sion can last for months or ion	h a concussion recover quickly a ger.	nd fully, some will have symptome	s that last for days, or even
una puese magar versi san outrai a devagi or caranto de avaliante a headacarte hati not origi dos en adactarda dismitañ, bul geta worke A readacarte hati not origi dos en adactarda dismitañ, bul geta worke Regelande l'unamitage, el dosesado dismitañ, bul geta worke Subrat de general:	WHAT SHOULD YOU DO IF YO YOUR ATHLETE HAS A CONC If you suspect that an athlete hu Keep the athlete cut of play the It's OK to return to play.	OU THINK CUSSION? is a concussion, remove the a day of the injury and until a he	thiete from play and seek medica with care professional, experience	i attention. Do not try to judge the led in evaluating for concussion, s	e severity of the injury yourself says sifte is symptom-free and
Zenort receptine people or places Becomes increasingly confused, restetes, or agtisted Has unusuit behavior Losse conscioures (even a brief loss of consciourness should be taken seriously)	Rest is key to helping an athlete computer, or playing video gam process that should be carefully	a recover from a concussion. E es, may cause concussion syst managed and monitored by a	xercising or activities that involve nptoms to reappear or get worse. health care professional.	a lot of concentration, such as st After a concussion, returning to r	tudying, working on the sports and school is a gradual
entry sectors. Data TALLETE REPORT THERE SHARTONS? If a planter has a concession, hashe can reade time to have. White an atteler's brain is still realing, 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 attridets can result in brain swelling or permanent damage to the trains. They can even b take.	It's better to miss one gas For more information on o Visit : www.cdc.gov/Conc	me than the whole sease concussions, cussion	en.		
Jane Doe Studen-Athlete Name Printed Standard Standard Standard Standard			Det		
John Doe	-		- Date		
Parent or Legal Guardian Printed Parent or Legal Guardian Se	ignature		Oat	*	

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

017 Fall Soccer - Primary	U12 Girls - Birth Years 2006-2007	E-Signature Complete
	1	
		ack 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 Accour	nt / Logout	Region a	53		DICK'S TSH
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Confirmation			«Back Co	ontinue	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 EA.Q.

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City, State* Zip*	Burlingame	California	•	Burlingame AYSO Regio PO Box 1212 Burlingame, California 9 Phone:- repistrar@burlingamea	94011
	CONTINUE			Blue Sombrero is the lear registration for youth sp across the country. If yo trouble registering plea	ader in online ports leagues ru are having se check out

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

Last Step – select the green "Continue" button.

gistration Summary	Edit	Order Summar	Y	
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_	Continue	Burlingame AYSO PO Box 1212 Burlingame_Callie Phone: registrar@burling Blue Somburerris 1 registration for yo access the country trouble registering our Registration F	Region 63 ornia 9401 ameayso.c the leader outh sports y. If you are g please ch A.Q.	1 In online s leagues e having neck out

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 / Logo	out Region	63	DICK'S TSH
Account Details	Add Participants	Program Information	Confirm and Eheckool
Registration Order Sum	mary		Need Help?
Registration Breakdow	n by Participant	3	Burlingame AYSO Region 63 PO Box 1212
A 1 2017 Fai	U12 Girls - Birth Year 2006-2007	s Jane Doe 0	Burlingame, California 94011 Phone:
Description	Price	Balance Amount	registrar@burlingameayso.or g
Wait List Registration	\$0.00	\$0.00	Blue Sombrero is the leader in
		ORDER TOTAL: \$0.00	sports leagues across the country. If you are having trouble registering please
		Payment Amount: \$0.00	check out our Registration F.A.Q.
	Order Detail		
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Name	John Doe		
Address	P.O. Box 1212		
City/State/Zip:	Burlingame CA 94011		
'hank you for signing up for the recomes available. All Players at this time are place o support the number of playe eam.	e Wait List for U12 Girls - Birth Years 2006-2 ed on a wait list until we can confirm we have rs. You will receive an email when you are tak f Share f Tweet My Accourt	007. You will be notified if a spot enough Coaches and other Volunteers ken off the wait-list and ready for a	

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.

	Open Orders
Darticipante	
Jane	Doe
2017 Fall Soccer - P	ddress: 0: 200160687
	Participants: Description: Jane D.O.B: J Email A AYSO II 2017 Fall Soccer - P

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

Cogout	Register Now! 0 🐂 🌲 🌞
My Volunteer Roles:	Find Volunteer Roles
You haven't signed up to volunteer! Click the button to the right to get starte	d.

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.

Head Coach	0 5
Q Referee	0 5
Q Youth Referee	0 5
14 2017 Fall Soccer - Primary	U12 Girls - Birth Years 2006-2007
Q Assistant Coach	0 5
Q Field Lining	0 5
Q Field Setup	0 💽
Q Head Coach	0 5
	0 5
Q Youth Referee	0 5
15 2017 Fall Soccer - Primary	U14 Boys - Birth Years 2004-2005
Q Assistant Coach	0 (5
0	

Select yourself and click continue.



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.

2017 Fall Soccer - Primary U12 Girls - Birth Years 2006-2007 John Doe DOB: Jan 3, 1959 Email Address: aysotestacct@gmail.com wor Returning Select Volunteer?* Select First Name* 0 John Nickname 30 Characters Remaining Nickname 30 Characters Remaining Select Suffix select Suffix Social Security select Suffix Number* Jan 3 1959 Birth Date Jan 3 1959 Gender* Male Select Suffix Select Suffix Birth Date Jan 3 1959 Select Suffix Birth Date Jan 3 1959 Select Suffix Birth Date Jan 3 1959 Select Suffix Gender* Male Select Suffix Select Suffix Select Suffix Birth Date Jan 3 1959 Select Suffix Select Suffix Birth Date Jan Select Suffix Select Suffix Select Suffix Select Suffix Select Suffix		1		
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Make sure at the bottom to click that you accept the waiver and click continue.

Note: Referees have a couple additional questions.

	of Directors, and I understand that I volunteer at any time with or without	may be removed as an AYSO it cause.
Accept Waiver?*	Yes	
		Continu

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"

2017 Fall Soccer - Primary	U12 Girls - Birth Years 2006-	(Registration
and the second	2007	{	Cart Subtota
Head Coach		Click Here to eSign	Form

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

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ISCLOSURE All ap om the Regional Ch	plicants must answer the following quild & Volunteer Protection Advocate	uestion. Failure to answer honestly will disqualify the applicant front on online at http://www.ayso.org.	om service as a volunteer in th	e American Youth Soccer Organization	("AYSO"). AYSO accer
ave you ever been	convicted of a crime (felony or m	isdemeanor)? _ YES X NO			
yes, describe each	conviction in full, indicating date of c	rime and city, county and state where each took place.	in the second second		
		Authorization, Di	sclaimer, Assumption of Ris	k and Waiver and Consent Agreeme	ents
MERGENCY AUTH urgical or dental exa	IORIZATION: I, hereby authorize ear mination and/or treatment.	ch of the coaches, team parents, or other officials of AYSO to ac	t as my agents in the capacity	of activity supervisors and vehicle drive	ers, and I authorize eac
HAVE READ THE E SIGN THIS FORM F IN THIS FORM CHA	EMERGENCY AUTHORIZATION AN FOR MYSELF AND, IF PARENT, ON ANGES.	ID ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UI I BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMIL	NDERSTAND THE TERMS OF Y, AND AGREE TO THESE T	EACH AND THAT I AND PLAYER HA	AVE GIVEN UP SUBST
agree to use an	electronic signature {read more}				
I am an adult of	the age of majority in my state. I a	gree the terms and conditions hereof shall apply to all of m	participation in the Events,	regardless of the year or season in w	which such participati
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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.

2017 Fall Soccer - Primary	U12 Girls - Birth Years 2006- 2007	>	c
Head Coach	Click	Here for Volunteer Verificat	ion Form

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