

Step 1 - REGISTRATION –

<http://sports.bluesombrero.com/baysoccerclub/>

- (a) All families must create a username and register their children into the system. As a part of registration you will enter yourself and each child taking part in the travel program. You should have all medical information handy such as allergies, doctors, insurance card and emergency contacts.
- (b) You must select the age group (division) for each child.
- (c) Those wishing to be coach, asst coach or manager should "volunteer" for that role during this process. All coaches and asst coaches must complete this information in addition to your children's registration.

YOU MUST REGISTER YOUR CHILD BEFORE TRYOUTS. Upon successful registration you will receive an acknowledgement e-mail from Blue Sombrero.

Step 2 – EVALUATION / TRYOUTS

Check the Bay Soccer Club website or check with your current travel coach for evaluation dates. PLEASE BRING THE FOLLOWING TO THIS EVALUATION:

- (a) COPY OF BIRTH CERTIFICATE (unless your coach has it from this year)
- (b) RECENT 1" x 1" COLOR PICTURE
- (c) Current travel players should bring their uniform jerseys. New players should bring a white and dark t-shirt

Step 3 – ACCEPTANCE AND PAYMENT

Once your child has been placed on a team you will receive an e-mail from Blue Sombrero. We expect this communication to occur by the end of June.

You should do the following:

- (a) "Accept" the invitation to play on the particular team. If you have questions on which team your child has been placed please direct them to your former coach or director of travel.
- (b) Make a Payment – choices are
 - a. Pay in Full – check or credit card
 - b. Select payment plan - Pay \$65 at acceptance, \$95 on August 15th and \$95 on October 15th.
 - c. If you select the payment plan you have the option to be billed or have the payments automatically charged to your credit card.

Once you have completed this process you will receive an acknowledgement e-mail.

Detailed Instructions for Travel Program Registration
 Bay Soccer Club
 2013-2014

Begin by creating a new Customer.

Returning Customer	New Customer Primary Contact
<p>* User Name: <input type="text"/></p> <p>* Password: <input type="password"/></p> <p>Sign In</p> <p><input type="checkbox"/> Stay Signed In</p> <p>Forgot Username or Password?</p>	<p>* First Name: <input type="text" value="John"/></p> <p>Middle Initial: <input type="text"/></p> <p>* Last Name: <input type="text" value="Soccer"/></p> <p>Suffix: <input type="text"/></p> <p>* Email Address: <input type="text" value="johnsoccer4@gmail.com"/></p> <p>* User Name: <input type="text" value="john34"/></p> <p><small>Only letters, numbers, @ dot (.) and underscore (_) are allowed</small></p> <p>* Password: <input type="password" value="●●●●●●"/></p> <p>* Reenter Password: <input type="password" value="●●●●●●"/></p> <p>Create new account</p>

When done, hit the Create new Account Tab.

Please put in Primary and secondary parent/guardian information.

Primary Contact Information	Secondary Parent / Guardian Information
<p>* Street: <input type="text" value="555 Soccer Lane"/></p> <p>Unit#: <input type="text"/></p> <p>* City: <input type="text" value="Bay Village"/></p> <p>* State: <input type="text" value="Ohio"/> ▼</p> <p>* Zip Code: <input type="text" value="44140"/></p> <p>* Country: <input type="text" value="United States"/> ▼</p> <p>* Telephone: <input type="text" value="440"/> <input type="text" value="555"/> <input type="text" value="5555"/></p> <p>* Cell Phone: <input type="text" value="440"/> <input type="text" value="555"/> <input type="text" value="5554"/></p> <p>Other Phone: <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>* First Name: <input type="text" value="Sally"/></p> <p>* Last Name: <input type="text" value="Soccer"/></p> <p>* Street: <input type="text" value="555 Soccer Lane"/></p> <p>Unit#: <input type="text"/></p> <p>* City: <input type="text" value="Bay Village"/></p> <p>* State: <input type="text" value="Ohio"/> ▼</p> <p>* Zip Code: <input type="text" value="44140"/></p> <p>Telephone: <input type="text" value="440"/> <input type="text" value="555"/> <input type="text" value="5555"/></p> <p>* Cell Phone: <input type="text" value="440"/> <input type="text" value="555"/> <input type="text" value="5554"/></p> <p>* Secondary Contact Email: <input type="text" value="sallysoccer4@gmail.com"/></p>

Click on Register.

Click on Add Participant to add each child

My Account



Hi **John Soccer** your contact email is johnsoccer4@gmail.com

Register

Volunteer

My Orders


Account Info


[Add Participant](#) | [View Available Programs](#) | [Team Pages](#)

Help 

There is no participant present.

REGISTRATIONS

0 items  IN YOUR CART

[Go to Cart](#) 

Add your child's name and information below.

Add a New Participant

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

Same as Primary Contact:	<input type="checkbox"/>
* Participant's First Name:	<input type="text" value="Bill"/>
Participant's Middle Initial:	<input type="text"/>
* Participant's Last Name:	<input type="text" value="Soccer"/>
* Participant's Gender:	Male <input type="button" value="v"/>
* Participant's Date of Birth:	Jan <input type="button" value="v"/> 1 <input type="button" value="v"/> 2002 <input type="button" value="v"/>
Participant's Email:	<input type="text"/>
* Street:	<input type="text" value="555 Soccer Lane"/>
Unit#:	<input type="text"/>
* City:	<input type="text" value="Bay Village"/>
* State:	Ohio <input type="button" value="v"/>
* Zip Code:	<input type="text" value="44140"/>
* Country:	United States <input type="button" value="v"/>
* Telephone:	<input type="text" value="440"/> <input type="text" value="555"/> <input type="text" value="5555"/>
Cellphone:	<input type="text"/> <input type="text"/> <input type="text"/>

Click on next.

Detailed Instructions for Travel Program Registration
Bay Soccer Club
2013-2014


Available Programs

Available Programs

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

	Program Name	Details	Start Date	End Date	Price
<input checked="" type="checkbox"/>	2013-14 Travel Soccer	U12 Boys	08/01/2013	07/31/2014	\$0.00

[<< Back](#) [Next >>](#)

 [Need Help?](#)
Registration Help

Select the Program for your child. Then click on NEXT.


Shopping Cart

Shopping Cart Details

Program	Details	First Name	Last Name	Price	Remove
2013-14 Travel Soccer	U12 Boys	Bill	Soccer	\$0.00	<input type="checkbox"/>

SUBTOTAL: \$0.00

[<< Back](#) [Update Cart](#) [Next >>](#)

 [Need Help?](#)
Registration Help

Be sure that you have selected the correct Program. Click on NEXT.

Detailed Instructions for Travel Program Registration
Bay Soccer Club
2013-2014

Additional Participant Information

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

Participant: Bill Soccer **Program:** 2013-14 Travel Soccer

* Emergency Contact First Name	John
* Emergency Contact Last Name	Soccer
* Emergency Contact Phone Number	440 555 5555
* Allergies	none
* Date of Tetanus if Current	May 20 2007
* Insurance Company	Cigna
* Insurance Policy Holder	John Soccer
* Insurance Policy #	1234567
* Physical conditions of which the staff should be aware	flat foot
* Physican Name & Phone Number	Dr. Smith

* Physican Name & Phone Number	Dr. Smith
* Physican Name & Phone Number	440-444-4444
* Person to notify if you are unavailable?	Grandma
Medical Release	<p>By Checking the box below, I the parent/guardian for the above child, release, discharge and/or otherwise indemnify the organization/club/league for which I am registering the child to play. US Youth soccer, the Ohio north Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of the fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.</p> <p>By checking the box below, I give my consent to have an athletic trainer, coach paramedic and or doctor of medicine or dentistry provide medical assistance and or treatment. I agree to be financially responsible for the reasonable cost of such assistance / treatment. This consent does not apply to a major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information.</p>
* I accept the waiver:	<input checked="" type="checkbox"/> Yes

[<< Back](#) [Next >>](#)

Enter the information requested.

When done please read the Medical Release and click on the box next to Yes to accept.

Click on NEXT.

Detailed Instructions for Travel Program Registration
Bay Soccer Club
2013-2014

If you are interested in being a coach/ assistant coach or Team Manager, you MUST click on the appropriate box and the click on NEXT. You will fill in information on additional pages not shown here.

Volunteer Selection

Volunteer

Program	Details	Volunteer Role	Select
2013-14 Travel Soccer	U12 Boys	Assistant Coach	<input type="checkbox"/>
2013-14 Travel Soccer	U12 Boys	Head Coach	<input type="checkbox"/>
2013-14 Travel Soccer	U12 Boys	Team Manager	<input type="checkbox"/>

[More Volunteer Roles](#)

[<< Back](#) [Next >>](#)

When you have completed the volunteer pages you will move to checkout.

Checkout

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

Registration Summary

Program	Details	Participant Name	Description	Amount
2013-14 Travel Soccer	U12 Boys	Bill Soccer	Tryout Fee	\$0.00
Registration Total				\$0.00

Payment Type

Visa / Master Card Amex Mail in check

Address Information

Registration Billing Address

(The information should be the same as your credit card billing information.)

* First Name:

There is no tryout fee, therefore you may select any payment type.

Detailed Instructions for Travel Program Registration
 Bay Soccer Club
 2013-2014

* State: * Zip Code:

* Country:

Payment Information

Registration Payment

Registration Total :	\$0.00
Payment Amount :	\$0.00
Total Payment :	0.00
Open Balance :	\$0.00

Terms & Conditions

[<< Back](#) [Submit Order](#)

Click on SUBMIT ORDER.

Order Confirmation

Registration Order Summary


Program	Details	Participant Name	Description	Price	Balance Amount
2013-14 Travel Soccer	U12 Boys	Bill Soccer	Tryout Fee	\$0.00	\$0.00
Order Total					\$0.00
Payment Amount					\$0.00

Order Number: 201310869
 Name: John Soccer
 Address: 555 Soccer Lane
 City/State/Zip: Bay Village OH 44140

Order Confirmation Message for: 2013-14 Travel Soccer


If you need to register another child you should click on My Account and start the process over.

My Account




Hi John Soccer your contact email is johnsoccer4@gmail.com

[Register](#) [Volunteer](#) [My Orders](#) [Account Info](#)

[Add Participant](#) | [View Available Programs](#) | [Team Pages](#) Help 


Bill Soccer belongs to 1 programs [Back to Top](#)



Bill's Programs
2013-14 Travel Soccer - U12 Boys
[View More](#)

[Edit Participant Info](#)

REGISTRATIONS

 **0 items** **IN YOUR CART**

You will get an email for each child that you have registered for tryouts. You are done with registration. Please be sure to check with your coach on what items to bring to tryouts.

Detailed Instructions for Travel Program Registration
Bay Soccer Club
2013-2014

This is a sample of what you will get by email after registering.

Bay Soccer Club

 | [LOGIN](#)
Here is the latest summary of your order. If you have ANY questions concerning your order please email bayrecsoccer@gmail.com.

John Soccer Note: If paying by credit card, you will see a charge from Blue Sombrero.

Order No: 10869 [View Order Online](#) | [Pay Now](#)

Order Date	Order Total	Open Balance	Order Status
May 01, 2013 01:00 PM	\$0.00	\$0.00	Completed

Order Details

	Amount	Balance
1 Bill Soccer 2013-14 Travel Soccer - U12 Boys	\$0.00	\$0.00
Tryout Fee	\$0.00	
Total :	\$0.00	\$0.00
Total :	\$0.00	\$0.00

Program Info

2013-14 Travel Soccer

This confirms that you will be participating in the evaluation process. Please see the home page for specific times for evaluations.

***** Please bring a copy of your child's birth certificate and a picture to the evaluation/tryout. Your child cannot participate in the evaluation/tryout without these items.**

Blue Sombrero, LLC : 112 Krog St, Suite 1, Atlanta, GA 30307 | support@bluesombrero.com | Phone: [866-258-3303](tel:866-258-3303)

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