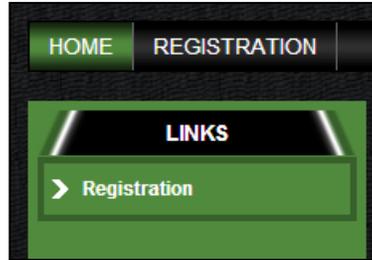


OHYSA Soccer Registration Instructions

1. Click on either Registration link from the home page.



2. Click on Register Now for the division you need to enroll your child. You will have the opportunity to enroll multiple children in different divisions.

OHYSA			
The OHYSA is a volunteer run organization providing a Fall soccer program to the Ottawa Hills youth for PreK-6th grade students.			
1	Grades 1-6 Registration Dates: 05/15/2014 to 08/29/2014 Start and End Dates: 09/14/2014 to 11/02/2014	\$ 40	Register Now
2	Kindergarten Registration Dates: 05/15/2014 to 08/29/2014 Start and End Dates: 09/13/2014 to 11/01/2014	\$ 30	Register Now
3	PreK Registration Dates: 05/15/2014 to 08/29/2014 Start and End Dates: 09/13/2014 to 11/01/2014	\$ 30	Register Now

3. Complete the new customer primary contact information to create an account.

New Customer Primary Contact	
* First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
* Last Name:	<input type="text"/>
Suffix:	<input type="text"/>
* Email Address:	<input type="text"/>
* User Name:	<input type="text"/>
	Only letters, numbers, @ dot (.) and underscore (_) are allowed
* Password:	<input type="password"/>
* Reenter Password:	<input type="password"/>
Create New Account	

4. Complete the contact information screen & secondary parent information if needed.

Primary Contact Information	Secondary Parent / Guardian Information
* Street: <input type="text"/>	First Name: <input type="text"/>
Unit#: <input type="text"/>	Last Name: <input type="text"/>
* City: <input type="text"/>	Street: <input type="text"/>
* State: <input type="text" value="<Not Specified>"/>	City: <input type="text"/>
* Zip Code: <input type="text"/>	Zip Code: <input type="text"/>
* Country: <input type="text" value="United States"/>	Telephone: <input type="text"/>
* Telephone: <input type="text"/>	Secondary Contact Email: <input type="text"/>
Cell Phone: <input type="text"/>	

5. Add your first player for this division. Click Add Another Participant if you need to add additional children. You will be able to select different divisions for each child.

Add a New Participant

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

Same as Primary Contact:

* Participant's First Name:

Participant's Middle Initial:

* Participant's Last Name:

* Participant's Gender:

* Participant's Date of Birth:

Participant's Email:

* Street:

Unit#:

* City:

* State:

* Zip Code:

* Country:

* Telephone:

Cellphone:

6. You will see this message if you are adding additional participants.

Participant information added successfully.

7. Select the appropriate division for each child that you are registering.

Available Programs

Name: Cora (Click your programs & signup today!)

	Program Name	Details	Start Date	End Date	Price
<input type="checkbox"/>	OHYSA	Grades 1-6	09/14/2014	11/02/2014	\$40.00
<input type="checkbox"/>	OHYSA	Kindergarten	09/13/2014	11/01/2014	\$30.00
<input type="checkbox"/>	OHYSA	PreK	09/13/2014	11/01/2014	\$30.00

Name: Micah (Click your programs & signup today!)

	Program Name	Details	Start Date	End Date	Price
<input type="checkbox"/>	OHYSA	Grades 1-6	09/14/2014	11/02/2014	\$40.00

8. Your completed shopping cart will be displayed.

SHOPPING CART

Shopping Cart Details

Program	Details	First Name	Last Name	Price	Remove
OHYSA	Kindergarten	Cora	Walker	\$30.00	<input type="checkbox"/>
OHYSA	Grades 1-6	Micah	Walker	\$40.00	<input type="checkbox"/>

SUBTOTAL: \$70.00

9. Complete the registration details related to each child.

ADDITIONAL PARTICIPANT INFORMATION

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

Participant: Micah Walker Program: OHYSA

* Rising Grade?

* Years of Experience?

* Emergency Contact First Name

* Emergency Contact Last Name

* Emergency Contact Phone Number

* Allergies

Special Requests/Comments

Liability Waiver

In consideration of the Office of Village Life allowing the named player to register and/or participate in the activities sponsored, offered or relating in any way to the Office of Village Life, thru the OHYSA, I, as the parent of and on behalf of myself, my child, and our heirs, representatives and assigns, hereby release, discharge and otherwise indemnify the Office of Village Life, its members, officers, agents, coaches, volunteers, participants, representatives, successors and/or assigns from any and all claims, demands, actions, or causes of action and from all liability for damage, loss or injury of whatsoever kind, nature or description, relating in any way to the activities offered by or sponsored by the Office of Village Life, including but not limited to games, practices, trips or exhibitions, including travel to and from such activities; and further, I agree to reimburse, indemnify or release the Office of Village Life and the released parties from any loss to any equipment or other property entrusted to or provided by said minor.

* I accept the waiver: Yes

10. If you would like to volunteer to coach, click the appropriate check box for the division.

VOLUNTEER SELECTION

Volunteer

Program	Details	Volunteer Role	Select
OHYSA	Grades 1-6	Assistant Coach	<input type="checkbox"/>
OHYSA	Grades 1-6	Head Coach	<input type="checkbox"/>
OHYSA	Kindergarten	Assistant Coach	<input type="checkbox"/>
OHYSA	Kindergarten	Head Coach	<input type="checkbox"/>

[More Volunteer Roles](#)

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

11. Select your payment type – credit card or mail in check.

CHECKOUT

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

▶ Registration Summary

Program	Details	Participant Name	Description	Amount
OHYSA	Kindergarten	Cora Walker	Division Price	\$30.00
OHYSA	Grades 1-6	Micah Walker	Division Price	\$40.00
Registration Total				\$70.00

▶ Payment Type

Visa / Master Card Mail in check



12. If paying via credit card, complete the billing information.

Address Information

Registration Billing Address

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

* First Name:
First Name is Required.

Middle Name:

* Last Name:
Last Name is Required.

* Billing Address:
Address is Required.

Address Line 2:

* City:
City is Required.

* State: * Zip Code:

* Country:

13. If paying via check, the payee name & address to mail your check is provided at the bottom of the screen.

Payment Information

Registration Payment

Registration Total : \$70
Payment Amount : \$0.00
Total Payment : \$0.00
Open Balance : \$70

 Check payable to OHYSA Soccer. 4357 Brookside Rd. Ottawa Hills 43615

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

14. Click Submit Order & the payment verification screen appears.

Payment Confirmation



You will be billed
\$ 0.00

Check payable to OHYSA Soccer.
4357 Brookside Rd.
Ottawa Hills 43615

[Complete Payment](#)

15. After clicking Complete Payment, your order confirmation will appear. You will also receive a confirmation email and a coupon for Dick's Sports Goods.

ORDER CONFIRMATION					
Registration Order Summary					
Program	Details	Participant Name	Description	Price	Balance Amount
OHYSA	Grades 1-6	Micah Walker	Division Price	\$40.00	\$40.00
OHYSA	Kindergarten	Cora Walker	Division Price	\$30.00	\$30.00
Order Total					\$70.00
Payment Amount					\$0.00
Open Balance					\$70.00
<p>Order Number: 2014595585</p> <p>Name: Michelle Walker</p> <p>Address: 4357 Brookside Rd.</p> <p>City/State/Zip: Ottawa Hills OH 43615</p>					
<p>Order Confirmation Message for: OHYSA</p> <p>Thank you for registering for the 2014 Ottawa Hills Youth Soccer Association league. Team rosters and schedules will be communicated in late August.</p> <p>If you have additional questions, email Michelle Walker.</p> <p><input checked="" type="checkbox"/> Payment Note</p> <p>Check payable to OHYSA Soccer. 4357 Brookside Rd. Ottawa Hills 43615</p>					