

Returning Player Registration Step by Step

A: Log in. Using your email address and personal password, sign in to access your account.

Note: Later when you log on again, if you have forgotten your password use the functions at right and an email will be sent to the email you have entered. If you have changed emails you may want to use a previous email and then later change your Preferences.

B: Once logged in, click on Registration for a Returning Player link in the left hand column. (See arrow)

C: Click on the name of the child you wish to register.

Player name	Region #	AYSO ID	Program	Program
Antonio	678		FS2007	Primary
Mateo	678		MY2010	Primary

D: Choose a region. Region 678 is for Newhall-Valencia-Stevenson Ranch and surrounding areas. **Click Next**

NOTE: If you are looking for a different location, use the zip code function.

E: Update parent information if necessary. Be sure to check:

- Email addresses
- Phone numbers
- Mailing address

Tip: To save time on home address updates, use the box that automatically populates information if both spouses share same address

Click Next

F: Update player information necessary. Be sure to check:

- Email addresses
- Phone numbers
- Mailing address
- School attending
- Emergency contact

Tip: To save time, use the box that automatically populates address if same as parent(s)

Click Next

G: Read Disclaimer and Assumption of Risk Waiver. At the bottom of the page you will **Click Next.**

Note: By clicking next, you agree to the terms of the waiver and clicking next shall constitute your signature.



Parent Information

Please enter information for BOTH parents as appropriate (* means information is required)

Primary Parent/Guardian (Required)

Formal legal name, DO NOT use nick name

First name: Joe Middle name: Last name: Ayso Suffix: -- -- -- --

Nick name:

Gender: ☒ Male ☐ Female *

Street address: 12345 Main st * City: Newhall *

State: CA * Zip: 91321 *

Home/Primary Phone: 661 123 4567 * Cell/Other phone: 661 765 4321 *

Business/Employer: AYSO E-mail address: joeayso@ayso.com *

Relationship to child: Father *

Secondary Parent/Guardian (Optional) [Delete 2nd Parent Info](#)

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, strained, sprained 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. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the regional commissioner as soon as possible thereafter.

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 representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

Inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: <http://www.ayso.org/resources/insurance.aspx> as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Player consistent with the AYSO Privacy Policy set forth at

http://www.ayso.org/resources/legal/privacy_policy.aspx, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

I HAVE READ THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGE AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTANDING THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Note: Clicking the "Next" button below signifies your agreement with the foregoing and shall constitute your signature for legal purposes.

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H: You will get important registration information details. Visit **ayso678.org** and go to Registration page for dates on the walk-in dates to have your registration completed.

Region Information

When your Region supplies information about its registration it will appear below. We have also included your Region's contact information as well.

You will need to bring a printed copy of each player's reg form to one of our 3 walk-in registration events to sign additional Region forms. The dates, times & locations are posted at www.ayso678.org. You can prepay using the Online Payment link.

Region Contact Information

Region # 678
Region name Valencia
Contact name Tracey Bailey
Contact phone 6618774610
Contact E-mail registrar@ayso678.org
Regional website <http://www.ayso678.org>

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I: Now you will be asked to supply important volunteer information. All parents are expected to volunteer in some way, whether it is coaching, refereeing, team parent, field set up.

Drag down to find:

- Jobs you will do for your team
- Jobs you will do for the Region

Parent Jobs

- **AYSO is an ALL volunteer-run organization.** Coaches, referees and administrators are volunteers.
- **AYSO has developed special training that helps parents** who may have little or no soccer experience.
- **There are many small jobs** that you can help with even if you do not have a lot of time to commit.
- **Please indicate your volunteer preferences below.**
- **Some jobs are linked to your child and his team,**(i.e Coach) Choose the child for whose team you might volunteer.
- **Some jobs are not linked to a child,** select from the right hand column "Jobs Not Child Specific".
- **This is not your formal Volunteer Application. You will have the opportunity to do that later.**

Parent name(s)	Joey Ayso Jr	Jobs NOT child specific
Joe Ayso	Team Coach	Referee
Jane Ayso	Team Parent	Board Member

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J: Review your final registration form for accuracy. If everything is correct, scroll down and click the check box to indicate you agree to use an electronic signature. Check the box, type your name and **Click Continue**
Note: If there is anything you need to update, click **BACK**

K: Please make final review and then **Click Submit** to save the online registration form.

L: Now you have the option to pay online or continue to print out your registration forms.

If you wish to pay at walk-in registration or mail in your form with a check, click **Continue to Print**

To pay online via credit card: Click **Payment Options**

IMPORTANT NOTE ON FAMILY DISCOUNT:

If you are paying by credit card and are registering two or more children, you must pay for all players **ONLY** when you register your last child. Please enter the amount as:

\$240 for two children

\$355 for three children

\$470 for four children

(The first child is \$125 and additional children are \$115 each)

Player Registration Form

American Youth Soccer Organization
www.soccer.org

Membership Year: MY2011
AYSO ID #: 67248918

Region Number 678	Division U-06	Check if a VIP Player <input type="checkbox"/>	Loc. Code
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Player

Region Specific Message:

First Name JOEY	Middle Name	Last Name AYSO	Suffix	Area Code 661	Telephone 123-4567
Nickname J-Dog	Street Address 12345 Main st	City Newhall	State CA	Zip Code 91321	
Mailing Address (if different from Street address) 12345 Main st		City Newhall	State CA	Zip Code 91321	
Emergency Contact (other than parent) Grandpa Ayso	Area Code 066	Emergency Telephone 122-2222	Physician Name Dr. Acula	Area Code 066	Physician Telephone 133-3333
Gender <input checked="" type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate 1/10/2006	Age 5	School Name Wiley Canyon Elementary	Family e-mail address joeayso@ayso.com	

Medical Insurance Carrier: **General Hospital** Siblings to play with: **Has a brother 10 months younger who will be in same division** Current injuries or minor physical limitations or other medical condition the coach should know about: **No**

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

☒ I agree to use an electronic signature (read more)

Parent/Guardian Signature: **Joe Ayso**

The AYSO Endowment Fund: The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Service Department at 800.879.7076 or send an email message to: info@ayso.com	DOB Verification	Check Number	Fee Charged	Amount Paid

Please review the information in this page carefully. Scroll down and click **SUBMIT**.

Player Registration Form

American Youth Soccer Organization
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Membership Year: MY2011
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Region Number 678	Division U-06	Check if a VIP Player <input type="checkbox"/>	Loc. Code
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Emergency Contact (other than parent) Grandpa Ayso	Area Code 066	Emergency Telephone 122-2222	Physician Name Dr. Acula	Area Code 066	Physician Telephone 133-3333
Gender <input checked="" type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate 1/10/2006	Age 5	School Name Wiley Canyon Elementary	Family e-mail address joeayso@ayso.com	

Medical Insurance Carrier: **General Hospital** Siblings to play with: **Has a brother 10 months younger who will be in same division** Current injuries or minor physical limitations or other medical condition the coach should know about: **No**

Parent/Guardian #1 ☒ Father ☐ Mother ☐ Guardian

First Name JOE	Middle Name	Last Name AYSO	City Newhall	State CA	Zip Code 91321	e-mail address joeayso@ayso.com
Address (if different from Player) 12345 Main st						

Online Payment Via Credit Card
(Click on "continue to print", if you do not wish to pay via credit card)

You are about to start the online payment process. **IMPORTANT:** Only click the "Submit" button once on the Payment Confirmation screen or your credit card will be charged multiple times. Please be patient, it will take a few minutes to process.

Here you may pay for your child's participation in the region's basic program and, if your region offers additional programs with other fees, you may also pay those fees by selecting the program(s) listed in the lower section of this screen.

Listed below are the players for whom payment is yet to be made. Please check the box and click next to continue.

Note: Not all Regions offer Discounts.

<input checked="" type="checkbox"/>	Player	Program	Fee	Multi Player Discount	Early Bird Discount	Amt after discount
<input checked="" type="checkbox"/>	Joey Ayso Jr	Primary	\$115.00	\$0.00	\$0.00	\$115.00

Total \$115.00

Payment Options OR Continue to Print

M: If you choose to pay online you will see the form at the right. Supply necessary information and proceed.

BILLING INFORMATION	
Address1	12345 Main st *
Address2	
City	Newhall *
State	CA *
Zip	91321 *
Country	
E-mail	
Phone	6611234567 *
Fax	

PAYMENT INFORMATION	
Pay by	<input type="radio"/> Credit card
Total amount	\$115.00
Name as it appears on the card	Joe Ayso *
Credit card number	
Credit card ID	<input type="text"/> * Credit card ID
Credit card type	VISA *
Expiration date	04-Apr 2011 *

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N: If you choose to pay at the walk-in registration you will see the form at the right. **Print two copies** to bring to the walk in registration for EACH child

Visit ayso678.org for walk-in registration times and dates to complete your registration

Print Applications

1. Make sure to **disable any popup blockers** if you are using one.
2. You should print a minimum of **TWO COPIES** of each application.
3. **Click on** the player **name** you wish to print.

Players
Joey Ayso Jr

Completed - Return to My eAYSO

O: Your pre-registration is complete.

You can now use eayso.org to:

- Print additional forms
 - Register additional children
 - Update parent and player information
 - Complete a volunteer application
 - Find out about coaching courses
- All from the home page!**

Tip: Be sure to make a note of your log in information.

Be sure to **visit ayso678.org** for the latest updates on information for the coming season:

- Coach and Referee courses
 - Team Parent meetings
 - Team schedules
 - Volunteer opportunities
 - Player skills camps and clinics
- And more!**

eAYSO

DEVELOP YOUR SKILLS
WATCH THE BEST TEAMS AND PLAYERS
EVERY WEEK ON FOX SOCCER CHANNEL!

Home Español Help Signout

My eAYSO

Welcome Joe Ayso to My eAYSO

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Apply for my children to play

- [Application](#) for a new player
- [Application](#) for a returning player

Player who already applied

- [Update](#) player information
- [Team / Coach](#) information
- [Online](#) payments
- [Print](#) player form
- [Signup](#) for other programs

Adults wanting to volunteer

- [Apply](#) as a new adult volunteer
- [Apply](#) as a continuing adult volunteer

Youths wanting to volunteer

- [Apply](#) as a new youth volunteer
- [Apply](#) as a continuing youth volunteer

Those who have already volunteered

- [Update](#) volunteer information
- [Print](#) form
- [View](#) certification
- [View](#) referee schedule
- [View](#) coach team
- [Enroll](#) to take a class