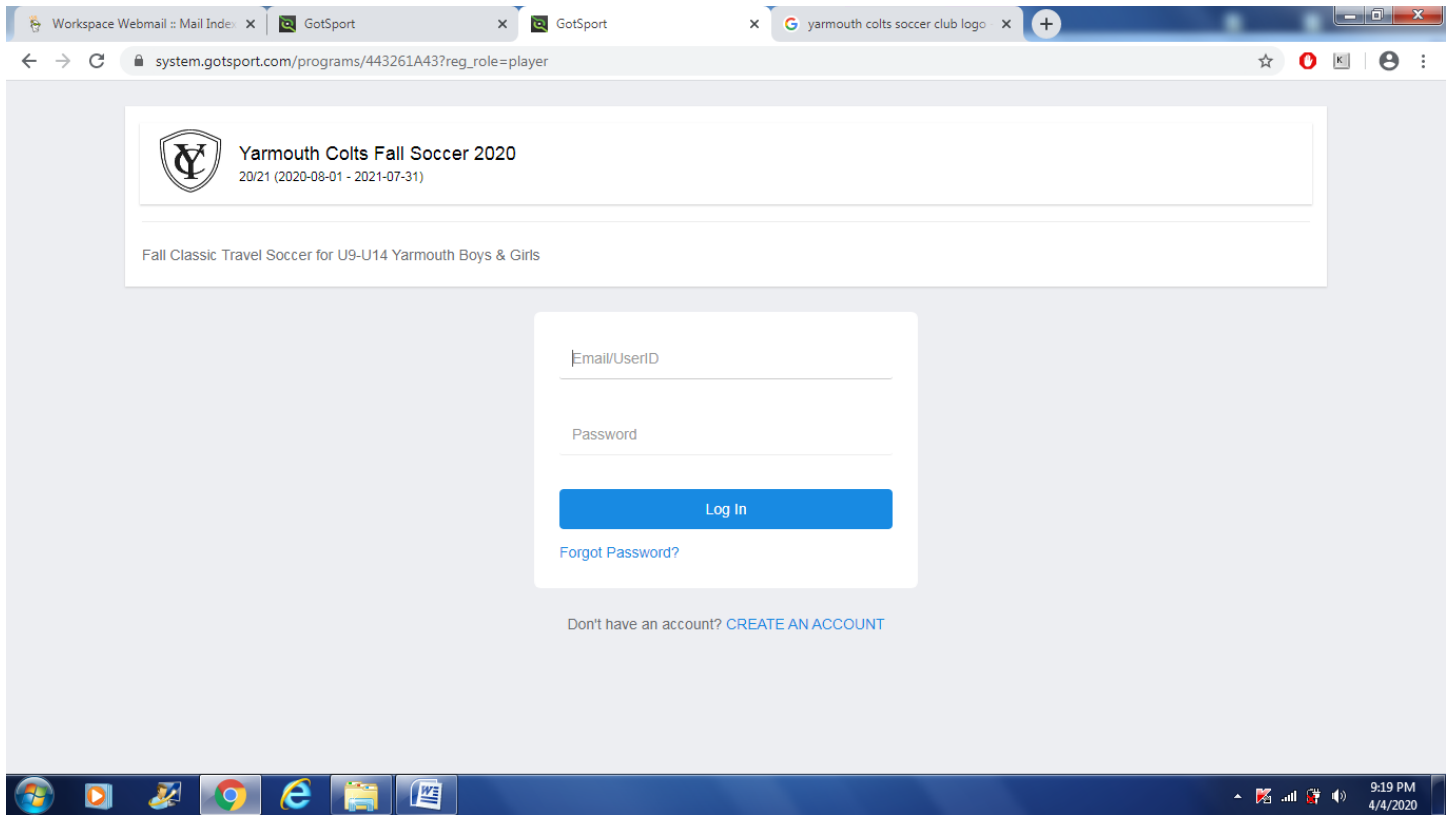


Yarmouth Colts Soccer Club – 2020 Fall Travel Season – Registration Process

https://system.gotsport.com/programs/443261A43?reg_role=player

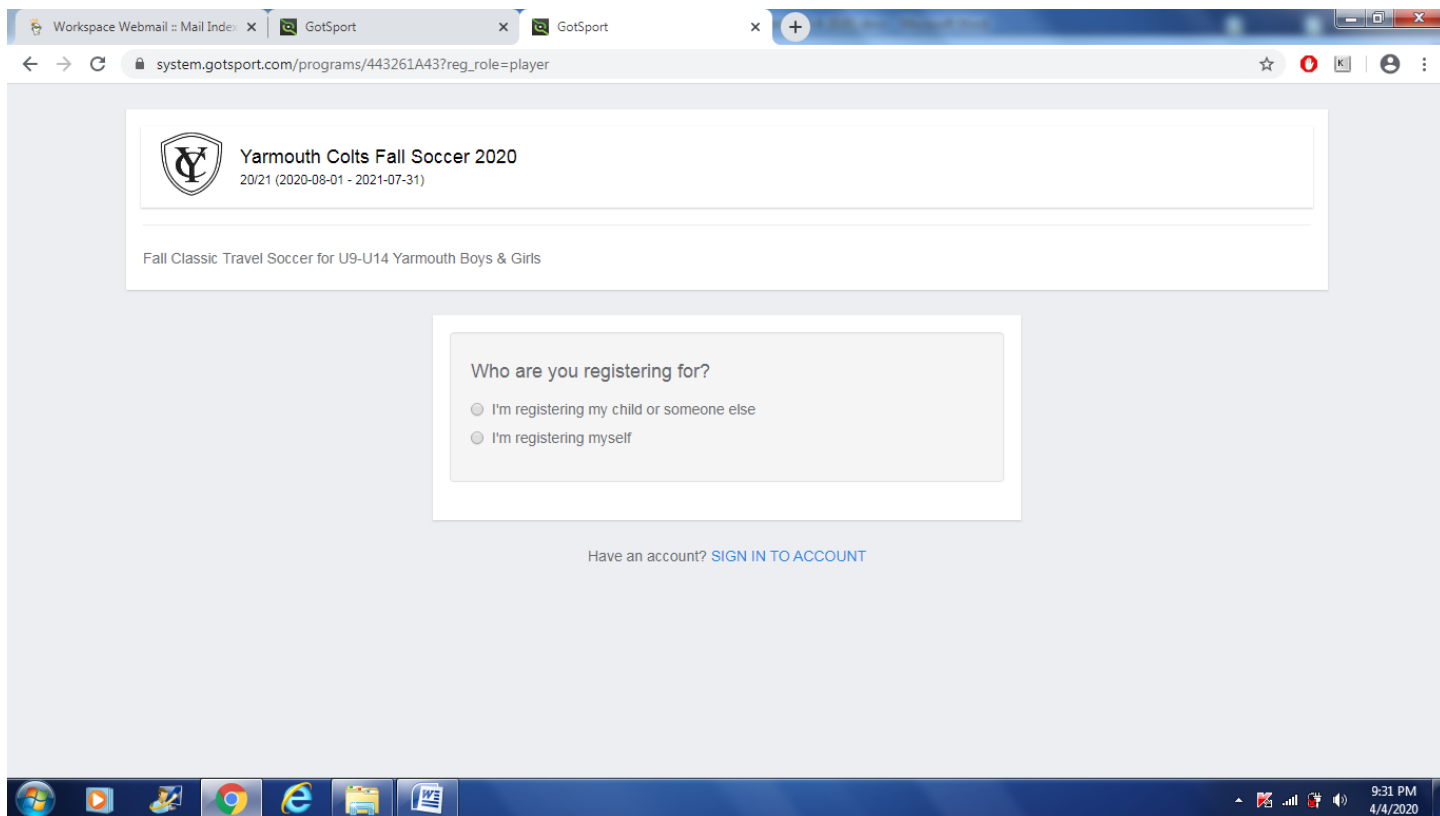
Step 1

Using the link above, bring up main page of system.gotsport.com for the Colts



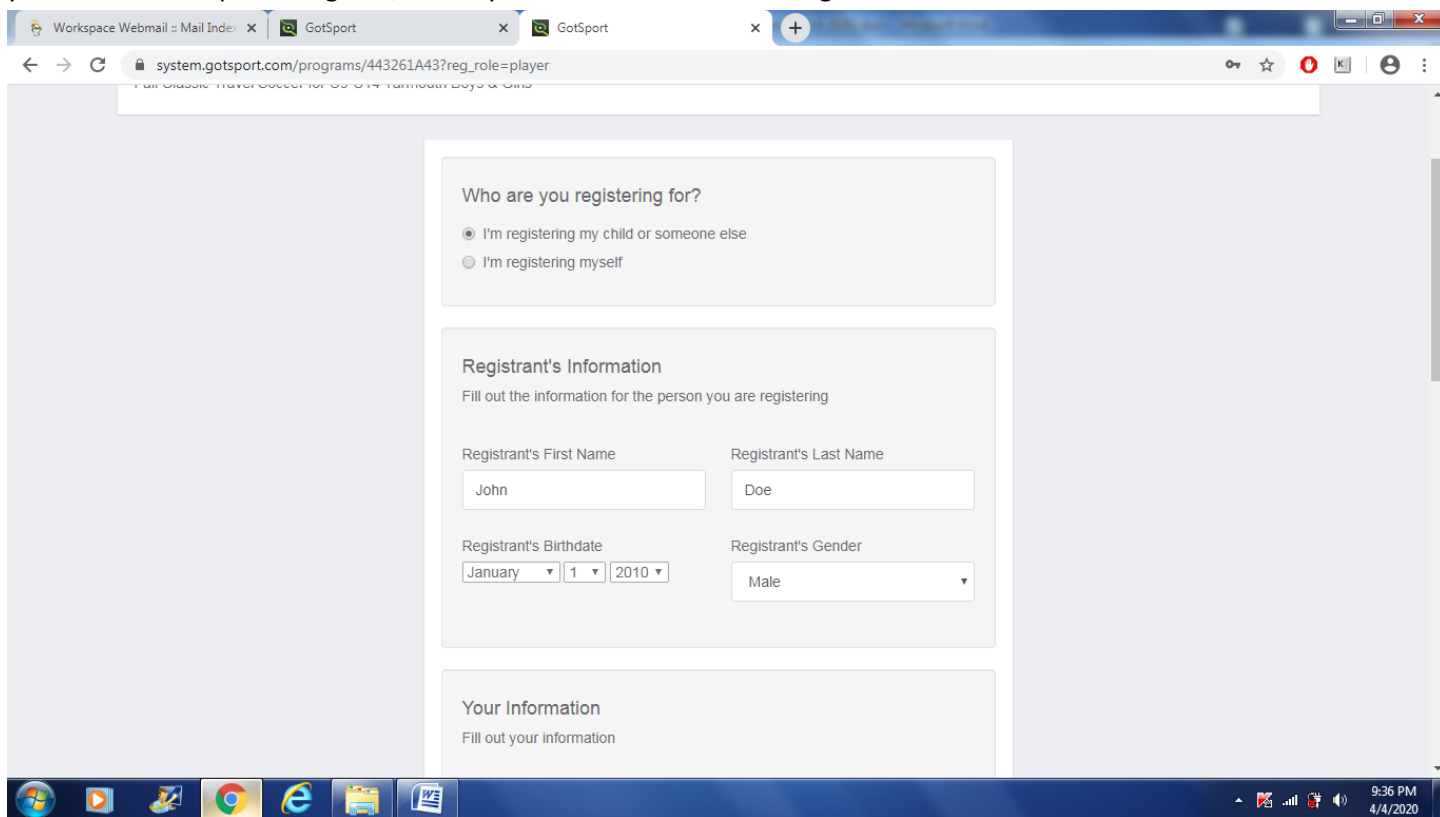
Step 2

Click on "CREATE AN ACCOUNT" on the bottom of the page



Step 3

Check option "I'm registering my child or someone else" and begin to fill out the information and click "Sign Up". NOTE: you can create a specific login ID, or use your email address as the login ID.



Workspace Webmail :: Mail Index x GotSport x GotSport x +

system.gotsport.com/programs/443261A43?reg_role=player

Your Information

Fill out your information

First Name*	Last Name*
<input type="text" value="Jack"/>	<input type="text" value="Doe"/>
DOB	Gender
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="Select One..."/>
Preferred Language	
<input type="text" value="English (US) (English (US))"/>	
Phone number	Mobile Phone Number
<input type="text" value="2075550000"/>	<input type="text" value="2075550000"/>
Address	Address (Continued)
<input type="text"/>	<input type="text"/>
City	State/Province
<input type="text"/>	<input type="text"/>
Postal Code	Country
<input type="text"/>	<input type="text"/>

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Workspace Webmail :: Mail Index x GotSport x GotSport x +

system.gotsport.com/programs/443261A43?reg_role=player

City	State/Province
<input type="text"/>	<input type="text"/>
Postal Code	Country
<input type="text"/>	<input type="text"/>
Time Zone Name	
<input type="text" value="Eastern Time (US & Canada)"/>	

GotSport Account

Create your GotSport account with your email and password

Email/UserID*	Password*
<input type="text" value="registrar@yarmouthcolts.com"/>	<input type="text" value="....."/>

[Sign Up](#)

Have an account? [SIGN IN TO ACCOUNT](#)


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Step 4

You have now created an account for a player, you must register them for the appropriate league/program. Click "Register" beside the name of the player you wish to register and select "Player" from drop down arrow. In the example below, John Doe is the player and Jack Doe is the parent.

Workspace Webmail :: Mail Index x GotSport x GotSport

system.gotsport.com/programs/443261A43



Yarmouth Colts Fall Soccer 2020
 20/21 (2020-08-01 - 2021-07-31)
 Jack Doe

Cart (0)


Fall Classic Travel Soccer for U9-U14 Yarmouth Boys & Girls

Register


Click the "Register" button to register that person. If you want to register someone that is not in this list, click "Add Family Member".


 Add Family Member

Register


 Jack Doe
 registrar@yarmouthcolts.com

Register


 John Doe

Register


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Step 5

Fill out the information and need to select Country before you can select State/Province, click "Save"

Workspace Webmail :: Mail Index x GotSport x GotSport

system.gotsport.com/programs/443261A43/enrollees/35937/edit?reg_role=player


Yarmouth Colts Fall Soccer 2020
 20/21 (2020-08-01 - 2021-07-31)
 Jack Doe

Cart (0)


Profile

Parents


Emergency Info

Registration

Payment


 John Doe
[Change User](#)

*Denotes Required Field


 Photo
 No file chosen

Player First Name* <input type="text" value="John"/>	Player Last Name* <input type="text" value="Doe"/>
Player UserID/Email Address ⓘ <input type="text"/>	Player Contact Email* <input type="text" value="registrar@yarmouthcolts.com"/>
Player DOB* <div> <div>January</div> <div>1</div> <div>2010</div> </div>	Player Gender <input type="text" value="Male"/>

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Workspace Webmail :: Mail Index x GotSport x GotSport x +

system.gotsport.com/programs/443261A43/enrollees/35937/edit?reg_role=player

January 1 2010 Male

Player Preferred Language
English (US) (English (US))

Time Zone Name
Eastern Time (US & Canada)

Phone number* 2075550000 Mobile Phone Number* 2075550000

Address* 123 Fake Street Address (Continued)

City* Yarmouth State/Province* Maine

Postal Code* 04096 Country United States

Save

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Step 6

Click on "Continue" once all of the parents/guardians have been entered

Workspace Webmail :: Mail Index x GotSport x GotSport x +

system.gotsport.com/programs/443261A43/guardians

Yarmouth Colts Fall Soccer 2020
20/21 (2020-08-01 - 2021-07-31)
Jack Doe

Cart (0)

Profile **Parents** Emergency Info Registration Payment

John Doe
Change User

Add Parent/Guardian

New User Select

Parents/Guardians

Doe, Jack
registrar@yarmouthcolts.com

Continue

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Step 7

Fill-out Enter Emergency Contact and Medical information sections. Fill-out Physician and Insurance information if readily available. Click "Continue"


Workspace Webmail :: Mail Index x GotSport x GotSport x +

system.gotsport.com/programs/443261A43/emergency_infos?user_id=35937

Yarmouth Colts Fall Soccer 2020
20/21 (2020-08-01 - 2021-07-31)
Jack Doe

Cart (0)

Profile Parents **Emergency Info** Registration Payment

 **John Doe**
[Change User](#)

EMERGENCY CONTACT ONE

First Name* Last Name*

Jane Doe

Phone Number* Alternate Phone Number

2075551111

EMERGENCY CONTACT TWO

First Name Last Name

Phone Number Alternate Phone Number

MEDICAL INFORMATION

Allergies*

Workspace Webmail :: Mail Index x GotSport x GotSport x +

system.gotsport.com/programs/443261A43/emergency_infos?user_id=35937

Allergies*

Peanuts

Medical Conditions*

N/A

PHYSICIAN

Physician First Name Physician Last Name

Dr. Yarmouth Colts

Physician Phone Number Alternate Phone Number

2075552222

INSURANCE

Medical Insurance Provider Insurance Provider Phone

Medicare 800555000

Workspace Webmail :: Mail Index x GotSport x GotSport x +

system.gotsport.com/programs/443261A43/emergency_infos?user_id=35937

PHYSICIAN

Physician First Name	Physician Last Name
<input type="text" value="Dr. Yarmouth"/>	<input type="text" value="Colts"/>
Physician Phone Number	Alternate Phone Number
<input type="text" value="2075552222"/>	<input type="text"/>

INSURANCE

Medical Insurance Provider	Insurance Provider Phone	
<input type="text" value="Medicare"/>	<input type="text" value="800555000"/>	
Policy Holder First Name	Policy Holder Last Name	Policy Number
<input type="text" value="Jack"/>	<input type="text" value="Doe"/>	<input type="text" value="0123456789"/>

[Continue](#)


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Step 8

Click "Start" to complete the Soccer Maine Medical Release Form, sign on bottom and click "Save"


Workspace Webmail :: Mail Index x GotSport x +

system.gotsport.com/programs/443261A43/prerequisite_forms/599346J38/form/1?program_registration_id=4300

**Yarmouth Colts Fall Soccer 2020**
20/21 (2020-08-01 - 2021-07-31)
Jack Doe

Cart (0)

Profile > Parents > Emergency Info > **Registration** > Payment

**Soccer Maine Medical Release Form**
Soccer Maine

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE


Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the

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release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.



Please Sign Above

Save (Page 1 of 1)

Clear

Step 9

Click "Continue" when Soccer Maine Release Form is completed

Yarmouth Colts Fall Soccer 2020
20/21 (2020-08-01 - 2021-07-31)
Jack Doe

Cart (0)

Profile > Parents > Emergency Info > **Registration** > Payment

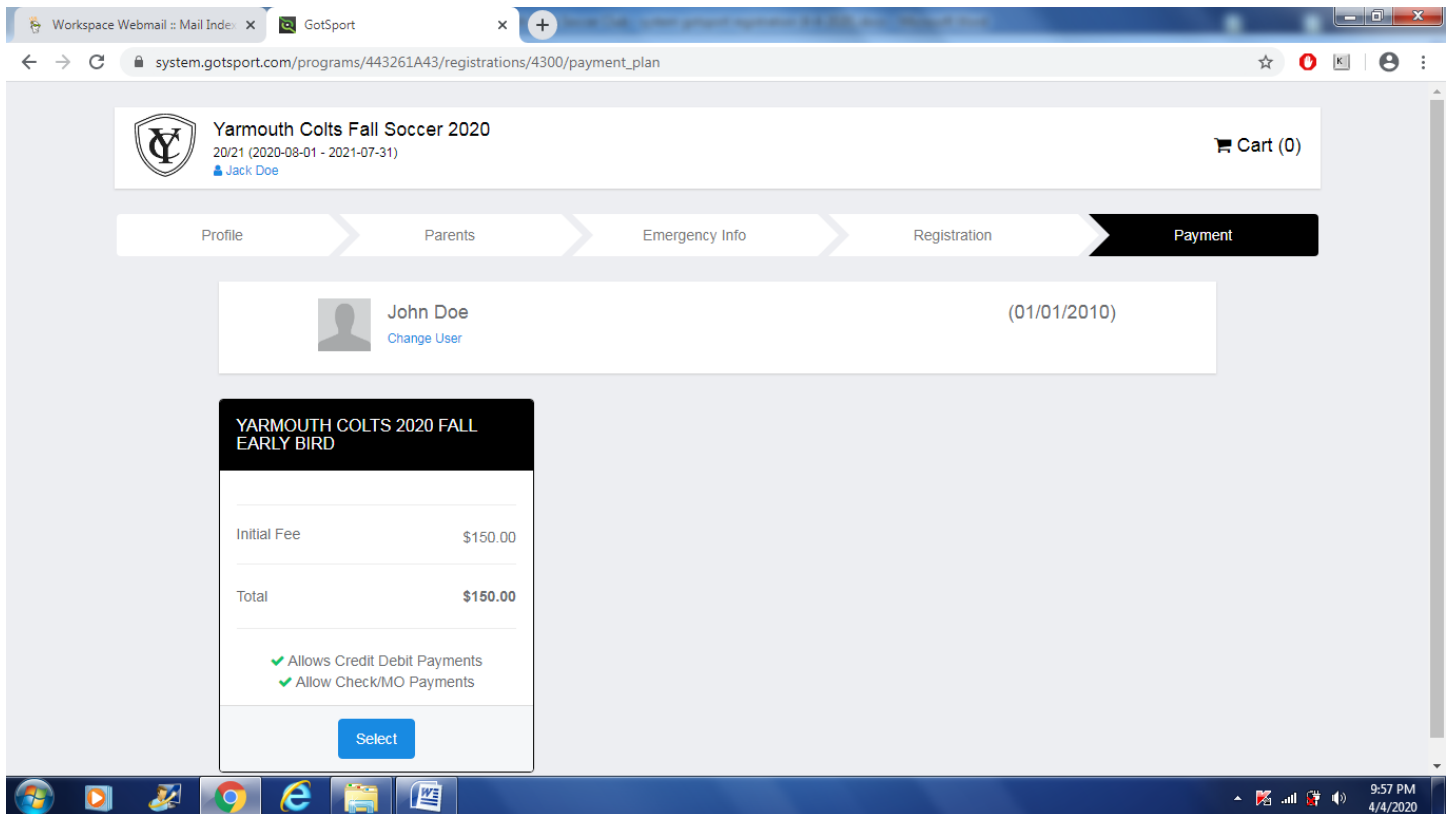
John Doe (01/01/2010)
Change User

Soccer Maine Medical Release Form
Soccer Maine Complete

Continue

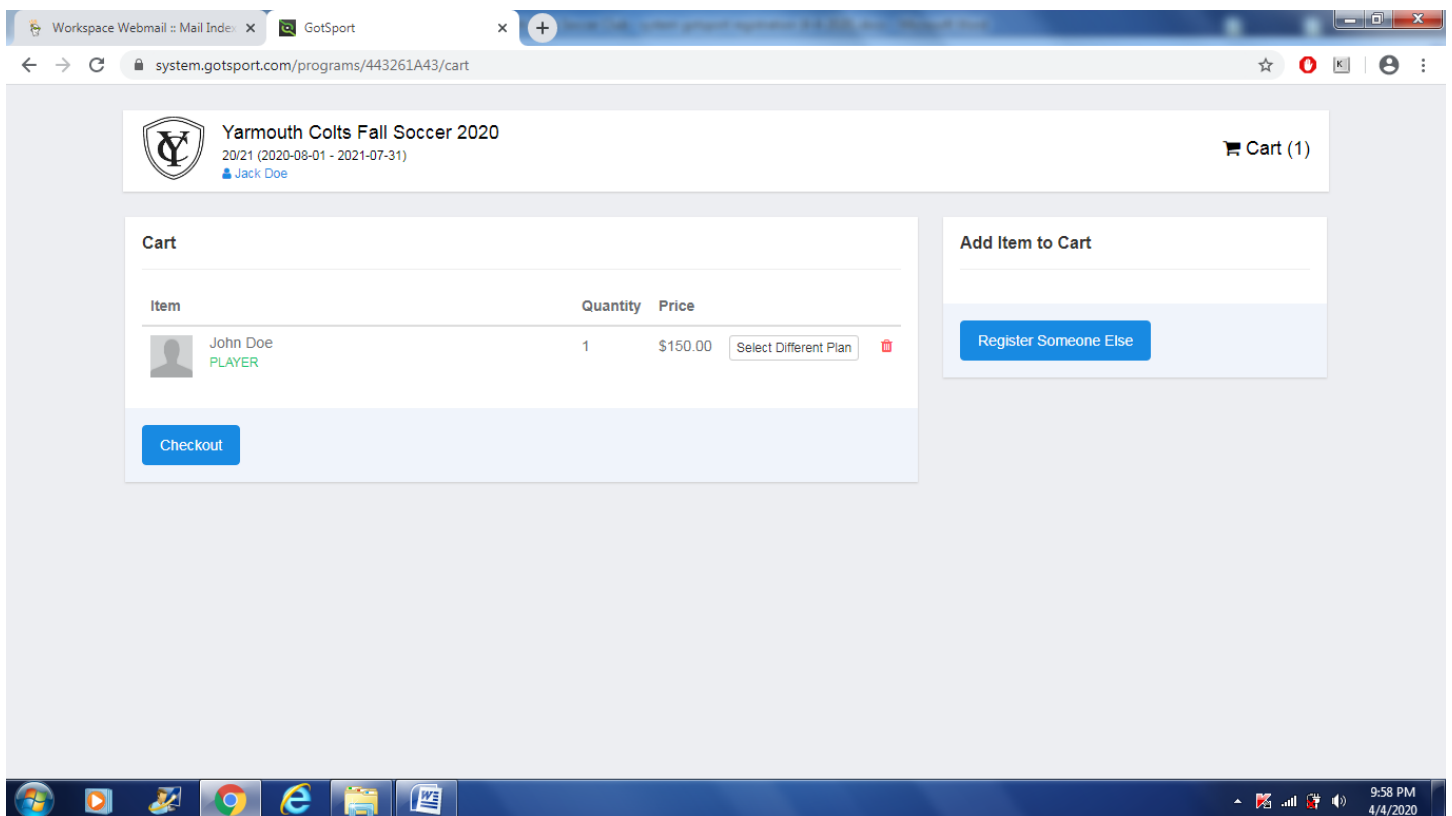
Step 10

Click "Select" to choose payment option



Step 11

Click "Checkout"



Step 12

Check box, select payment method and click "Register"

Check/MO – click “Register”

Workspace Webmail :: Mail Index x GotSport x

system.gotsport.com/programs/443261A43/checkout

Cart / Checkout

Fill out form to complete registration

Charged Today	\$150.00
Charged Later	\$0.00
Total	\$150.00

Select payment method

Check/MO

Payment Terms

I agree to the payment amount and structure laid out on this page

☒ Yes, I agree

Register

DUE TODAY

Program Registration - John Doe - Player	\$150.00
Total	\$150.00

DUE LATER

Total	\$0.00
--------------	---------------

WAITLIST

Total	\$0.00
--------------	---------------

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Credit Card – fill out information and click “Pay”

Workspace Webmail :: Mail Index x GotSport x GotSport x

system.gotsport.com/programs/443261A43/checkout

Select payment method

Credit Card

Credit Card Information

Credit Card Number

Card Number

Expiration Date

MM/YYYY

Cvc Code

CVV

Payment Terms

I agree to the payment amount and structure laid out on this page

☒ Yes, I agree

Pay

Total \$150.00

DUE LATER

Total	\$0.00
--------------	---------------

WAITLIST

Total	\$0.00
--------------	---------------

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Step 13

Registration is complete. Click “Continue to My Account” to take you to your account.

Workspace Webmail :: Mail Index x GotSport x +

system.gotsport.com/programs/443261A43/summary?account_id=3420

Cart / Checkout / Summary

Account #3420 - Jack Doe
Contact Email: registrar@yarmouthcolts.com
Description: Yarmouth Colts Fall Soccer 2020

Check/MO [Change Payment Method](#)

TOTAL BALANCE: **\$150.00** **DUE NOW:** **\$0.00**

Invoices Total: \$150.00

ID	Date Due	Description	Auto Pay	Auto Pay Complete	Amount
6887	04/05/2020	Program Registration - John Doe - Player	✓	No	\$150.00

Payments Total: \$0.00

[Continue to My Account](#)

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Once in your account, you can sign-out on the top right by clicking on the silhouette and clicking “Logout”

If you run into any issues, or have any questions, please let us know.

info@yarmouthcolts.com

Thanks!

Yarmouth Colts Soccer Club