



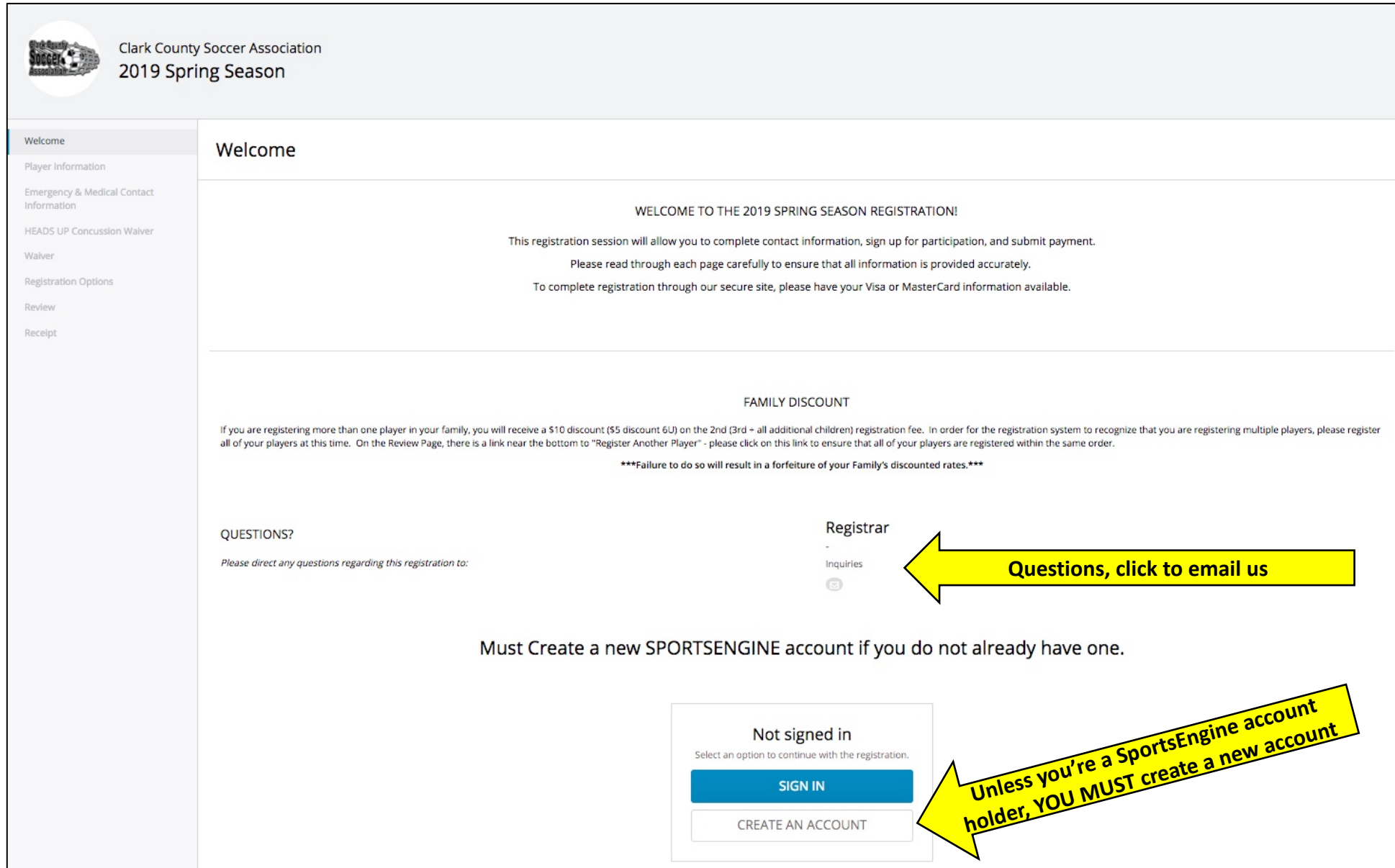
If at any point during the process you have questions, please email us at


[registrar@clarkcountysoccer.com](mailto:registrar@clarkcountysoccer.com)

We will do our best to respond within 24 business hours from receipt of your email inquiry.

**Please be sure to include as many details about your inquiry as possible...  
screen shots and other specifics are always helpful!**

## OPENING REGISTRATION PAGE



 Clark County Soccer Association  
2019 Spring Season

Welcome

WELCOME TO THE 2019 SPRING SEASON REGISTRATION!


This registration session will allow you to complete contact information, sign up for participation, and submit payment.  
Please read through each page carefully to ensure that all information is provided accurately.  
To complete registration through our secure site, please have your Visa or MasterCard information available.

FAMILY DISCOUNT

If you are registering more than one player in your family, you will receive a \$10 discount (\$5 discount 6U) on the 2nd (3rd - all additional children) registration fee. In order for the registration system to recognize that you are registering multiple players, please register all of your players at this time. On the Review Page, there is a link near the bottom to "Register Another Player" - please click on this link to ensure that all of your players are registered within the same order.

\*\*\*Failure to do so will result in a forfeiture of your Family's discounted rates.\*\*\*

QUESTIONS?  
*Please direct any questions regarding this registration to:*

Registrar  
-  
Inquiries 

Questions, click to email us

Must Create a new SPORTSENGINE account if you do not already have one.

Not signed in  
Select an option to continue with the registration.

SIGN IN

CREATE AN ACCOUNT

Unless you're a SportsEngine account holder, YOU MUST create a new account

**OPENING FAMILY ACCOUNT PAGE**

New Registration Site Help Guide – January, 2019

**sportengine**

Fill out the following information to create your SportsEngine account.

Email Address  
ccsaupdates@gmail.com

First Name  
John

Last Name  
Sample

Password  
.....

Password must be at least 8 characters and include one uppercase letter, one lowercase letter, and one number or symbol.

Date of Birth  
Month Day Year

Required to comply with the Children's Online Privacy Act and other age-related restrictions.

By creating an account you are agreeing to our [Terms Of Service](#)

**Sign Up**

**This is YOUR Name and DOB...NOT YOUR CHILD'S**

## ACCOUNT CREATION/CONFIRMATION PAGE



sportseengine

Just one more step: check your inbox to complete the activation process.

An activation link has been sent to:  
**president@clarkcountysoccer.com**

[Terms of Use](#) | [New Privacy Policy](#)  
© 2018 SportsEngine. All Rights Reserved.

First you'll see this screen on the registration site!

Activate Your SportsEngine Account Inbox x



**SportsEngine** no-reply@mailers.sportsengine.com via ngin.com  
to president ▾

sportseengine

Hi Mike,

You're almost done! Click the button below to activate and begin using your SportsEngine account:


[Activate My Account](#)

Didn't create this account? No problem. The information on record will be removed from our system after 72 hours.

For the love of sport,  
The SportsEngine Team  
<http://www.sportsengine.com>

Then you'll want to check your email to "Activate YOUR account" by pressing the green button

## OPENING PLAYER INFORMATION PAGE



Clark County Soccer Association  
2019 Spring Season

- Welcome
- Who Are You Registering?
- Player Information
- Emergency & Medical Contact Information
- HEADS UP Concussion Waiver
- Waiver
- Registration Options
- Review
- Receipt

### Who Are You Registering?

SELECT THE PERSON YOU ARE REGISTERING

A New Player

\* First Name:

\* Last Name:

CONTINUE

**Now you'll want to enter your child's name to begin their registration**

**PLAYER/PARENT INFORMATION PAGE**

Welcome

Who Are You Registering?

Player Information

Emergency & Medical Contact Information

HEADS UP Concussion Waiver

Waiver

Registration Options

Review

Receipt

### Player Information

Currently Registering: Liam Olwert

**PLAYER INFORMATION**

Player First Name: \*

Middle Name:

Player Last Name: \*

Player Date of Birth: \*

Gender: \*

Male

Female

[Clear Current Selection](#)

Jersey Size: \*

Shorts Size: \*

Player Notes:

Street Address 1: \*


Street Address 2:

State / Province: \*

City: \*

Postal Code: \*

Country: \*



**All Red Asterisked field are Required Fields.  
Failure to enter data will not allow continuation  
of your registration**

**PLAYER/PARENT INFORMATION PAGE**

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Information Option: \*  
At least one parent's information is required.

- Father
- Mother
- Both

Clear Current Selection

Father's First Name: \*

Father's Last Name: \*

Father Cell Phone: \*  
Format XXX-XXX-XXXX

Father Email: \*

Mother's First Name: \*

Mother's Last Name: \*

Mother Cell Phone: \*  
Format XXX-XXX-XXXX

Mother Email: \*

- Are you interested in Coaching?: \*
- Yes - Mother is interesting in Coaching
  - Yes - Father is interesting in Coaching
  - Yes - Both Parents are interesting in Coaching
  - No - We are not interested in Coaching.

Clear Current Selection

**As a Volunteer Organization, we're always looking for coaches. Go to the coach's section on our website for more details.**

**This is YOUR information as Parent/Guardian...Again, all Red Asterisks are required fields.**

*You will have the opportunity to register additional family members/participants on the Review Page.*

**CONTINUE**



## EMERGENCY CONTACT PAGE

Clark County Soccer Association  
2019 Spring Season

Emergency & Medical Contact Information

[Welcome](#)  | 
 [Who Are You Registering?](#)  | 
 [Player Information](#)  | 
 [Emergency & Medical Contact Information](#) | 
 [HEADS UP Concussion Waiver](#) | 
 [Waiver](#) | 
 [Registration Options](#) | 
 [Review](#) | 
 [Receipt](#)

Currently Registering: Liam Olwert

EMERGENCY CONTACT INFORMATION

In an emergency when parent/guardian cannot be reached, please contact the following:

Emergency Contact First Name:*	Emergency Contact Last Name:*	
Michael	Vejar	
Emergency Contact Relationship to Participant:*	Emergency Contact Primary Phone:*	Emergency Contact Alternate Phone Number:
Uncle	Format XXX-XXX-XXXX 8127860860	Format XXX-XXX-XXXX
Secondary Emergency Contact First Name:	Secondary Emergency Contact Last Name:	
Secondary Emergency Contact Relationship to Participant:	Secondary Emergency Contact Primary Phone:	Secondary Emergency Contact Alternate Phone Number:
	Format XXX-XXX-XXXX	Format XXX-XXX-XXXX

PHYSICIAN INFORMATION

Physician's First Name:	Physician's Last Name:	
Preferred Hospital:	Physician's Phone 1:	Physician's Phone 2:
	Format XXX-XXX-XXXX	Format XXX-XXX-XXXX

MEDICAL HISTORY

If the answer to any of the following questions (below), is yes, please describe the problem and its implications for proper first aid treatment within the registration.

Does the player have any allergies that we need to be aware of?:\*

Make Selection

Does the player have any other medical conditions that we need to be aware of?:\*

Make Selection

[CONTINUE](#)

All Red Asterisks are required as this is what we'll provide if/when medical attention is required for your child.

## CONCUSSION PROTOCOL PAGE

### WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing— have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion? As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

PARENT/ATHLETE INFORMATION SHEET

FACT SHEET FOR ATHLETES

DISCUSS THE RISKS OF CONCUSSION AND OTHER SERIOUS BRAIN INJURY WITH YOUR CHILD OR TEEN AND HAVE EACH PERSON SIGN BELOW.

Parent/Guardian Agreement: \*

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent/Legal Guardian Signature: \*

**You must provide your electronic signature here**

CONTINUE



**As part of our Compliance with U.S. Youth Soccer, it is mandatory that we give you the opportunity to review all required fact sheets, disclaimers, and liability releases.**

## WAYVERS AND MEDICAL RELEASES PAGE

Clark County Soccer Association  
2019 Spring Season

Welcome   
Who Are You Registering?   
Player Information   
Emergency & Medical Contact Information   
HEADS UP Concussion Waiver   
**Waiver**  
Registration Options  
Review  
Receipt

**Waiver**

Currently Registering: Liam Olwert

US YOUTH SOCCER - 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 reasonable cost of any such assistance and/or treatment.

US Youth Soccer Agreement: \*

I/We have read, understand and agree to comply with the Parent/Guardian Consent And Medical Release as outlined above.

US CLUB SOCCER MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or guardian of the participant above, I authorize the staff of Clark County Soccer to act on my behalf and use their judgment in any emergency requiring medical attention. Furthermore, I hereby waive and release the staff of Clark County Soccer owners and/or operators of the property and/or facilities, from any and all liability related to injuries, illness or loss of property incurred while playing this season. Parents/Guardians must inform the staff of any special health needs.


US Club Soccer Agreement: \*

I/We have read, understand and agree to comply with the Medical Treatment Authorization And Liability Waiver as outlined above.

Parent/Legal Guardian Signature: \*

  
  
Parent/Legal Guardian Relation to Player: \*

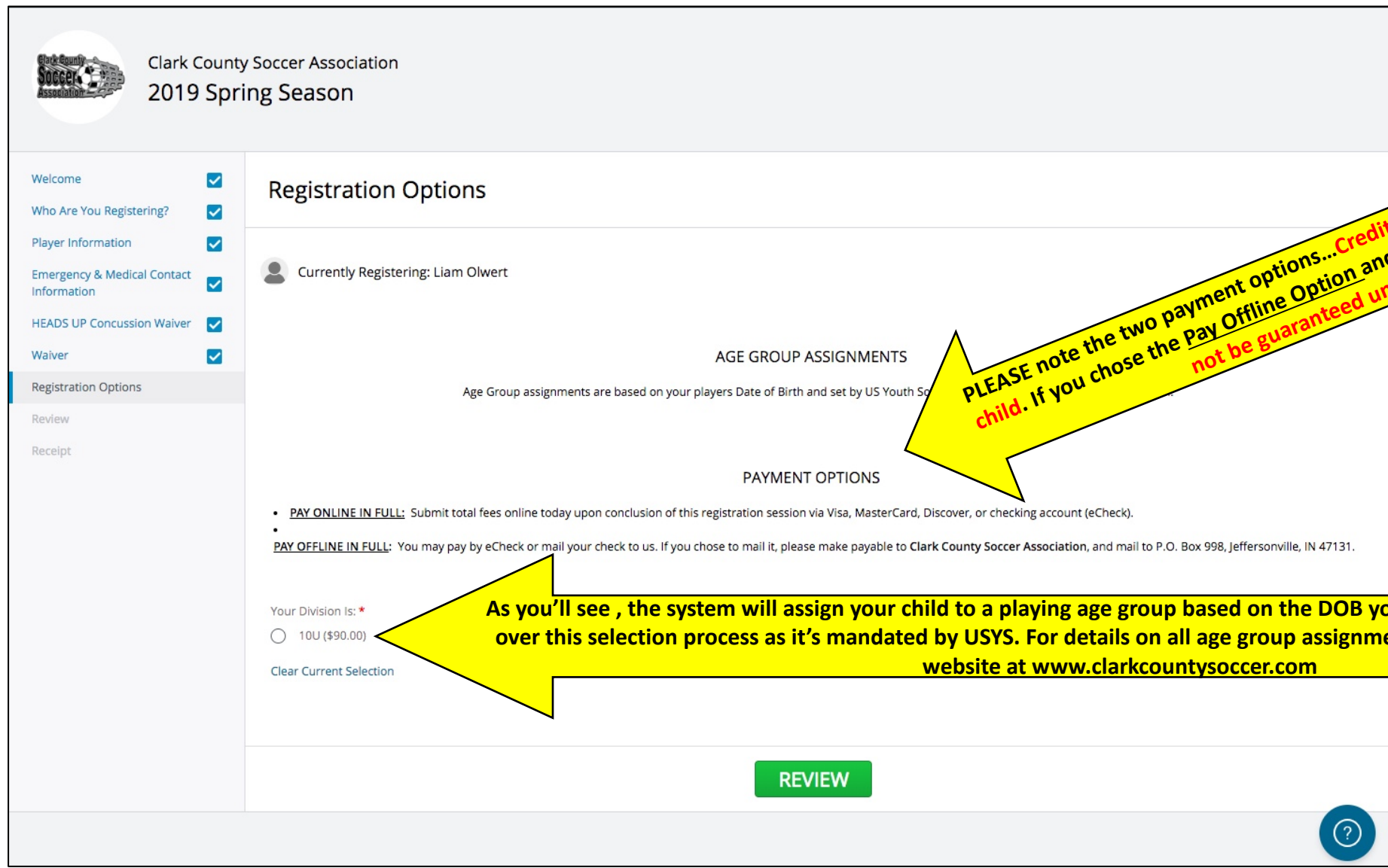
**CONTINUE**



**As part of our Compliance with U.S. Youth Soccer, it is mandatory that we give you the opportunity to review all required fact sheets, disclaimers, and liability releases.**

**You must provide your electronic signature here**

## PAYMENT OPTIONS PAGE



The screenshot shows the registration interface for the Clark County Soccer Association 2019 Spring Season. On the left is a navigation menu with items like 'Welcome', 'Who Are You Registering?', 'Player Information', 'Emergency & Medical Contact Information', 'HEADS UP Concussion Waiver', 'Waiver', 'Registration Options', 'Review', and 'Receipt'. The main content area is titled 'Registration Options' and shows the user is currently registering 'Liam Olwert'. Below this are sections for 'AGE GROUP ASSIGNMENTS' and 'PAYMENT OPTIONS'. The 'PAYMENT OPTIONS' section lists two choices: 'PAY ONLINE IN FULL' and 'PAY OFFLINE IN FULL'. At the bottom, there is a 'REVIEW' button and a help icon.

**PLEASE note the two payment options...Credit Card or eCheck automatically registers your child. If you chose the Pay Offline Option and mail us a check, your child's registration will not be guaranteed until the check is received.**

**As you'll see , the system will assign your child to a playing age group based on the DOB you provided. CCSA has no jurisdiction over this selection process as it's mandated by USYS. For details on all age group assignment guidelines, visit our FAQs on our website at [www.clarkcountysoccer.com](http://www.clarkcountysoccer.com)**

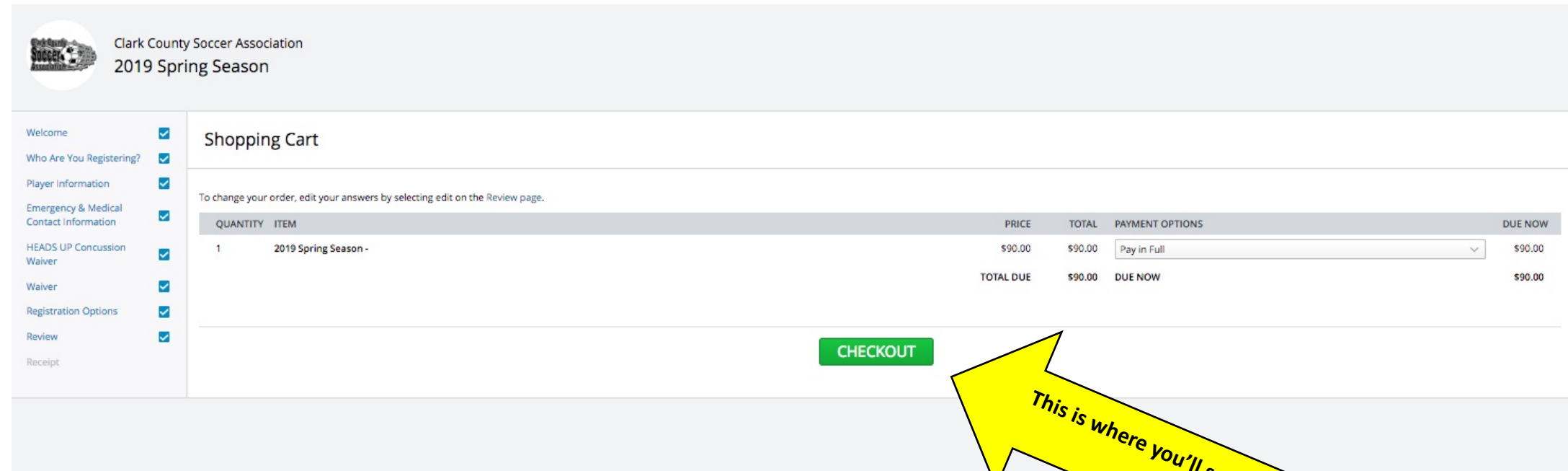
## REGISTRATION REVIEW PAGE

Review	Player First Name	Liam
Shopping Cart	Player Last Name	Olwert
Checkout	Player Date of Birth	05/20/2010
Receipt	Gender	Male
	Jersey Size	Youth M
	Shorts Size	Youth M
	Player Notes	Would like for Liam to play with Billy Smith as we ride-share from Floyds Knobs, IN.
	Street Address 1	4115 Earnigs Way
	State / Province	IN
	Postal Code	47130
	City	New Albany
	Country	United States
	Parent/Guardian Information Option	Mother
	Mother's First Name	Liza
	Mother's Last Name	Olwert
	Mother Cell Phone	8129452617
	Mother Email	president@clarkcountysoccer.com
	Are you interested in Coaching?	Yes - Father is interesting in Coaching
EMERGENCY & MEDICAL CONTACT INFORMATION <a href="#">Edit</a>		
	Emergency Contact First Name	Michael
	Emergency Contact Last Name	Vejar
	Emergency Contact Relationship to Participant	Uncle
	Emergency Contact Primary Phone	8127860860
	Does the player have any allergies that we need to be aware of?	No
	Does the player have any other medical conditions that we need to be aware of?	No
HEADS UP: CONCUSSION WAIVER <a href="#">Edit</a>		
	Parent/Guardian Agreement	I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.
	Parent/Legal Guardian Signature	Michael A Vejar
WAIVER <a href="#">Edit</a>		
	US Youth Soccer Agreement	I/We have read, understand and agree to comply with the Parent/Guardian Consent And Medical Release as outlined above.
	US Club Soccer Agreement	I/We have read, understand and agree to comply with the Medical Treatment Authorization And Liability Waiver as outlined above.
	Parent/Legal Guardian Signature	Michael A Vejar
	Parent/Legal Guardian Relation to Player	Father
REGISTRATION OPTIONS <a href="#">Edit</a>		
	Your Division Is	10U (1) 10U, \$90.00
<a href="#">Register Another Person</a> <a href="#">CONTINUE TO SHOPPING CART</a>		

**Registration Review Page...please ensure you check all data...especially your child's DOB and your contact information**

**You may Check Out (Continue to Shopping Card) or add another player (Add Another Person)**

## SHOPPING CART REVIEW PAGE



Clark County Soccer Association  
2019 Spring Season

Welcome   
Who Are You Registering?   
Player Information   
Emergency & Medical Contact Information   
HEADS UP Concussion Waiver   
Waiver   
Registration Options   
Review   
Receipt

### Shopping Cart


To change your order, edit your answers by selecting edit on the Review page.

QUANTITY	ITEM	PRICE	TOTAL	PAYMENT OPTIONS	DUE NOW
1	2019 Spring Season -	\$90.00	\$90.00	Pay in Full	\$90.00
		TOTAL DUE	\$90.00	DUE NOW	\$90.00

[CHECKOUT](#)

**This is where you'll see all the players you registered as part of a single shopping cart process.**

## RECEIPT REVIEW PAGE



Clark County Soccer Association  
2019 Spring Season

- Welcome
- Who Are You Registering?
- Player Information
- Emergency & Medical Contact Information
- HEADS UP Concussion Waiver
- Waiver
- Registration Options
- Review
- Receipt

### Receipt

**REGISTRATION COMPLETE!**

You have successfully submitted your registration!

You will now see a charge on your account and a detailed receipt will be sent to you via email.


**QUESTIONS?**

*Please direct any questions regarding this registration to:*

**Registrar**

-


Inquiries



---

*Thank you for your participation with the Clark County Soccer Association!*

A receipt has been emailed to [president@clarkcountysoccer.com](mailto:president@clarkcountysoccer.com).


 [Print Order Receipt](#)

<b>Order Total</b>	\$90.00
<b>Status</b>	Unpaid
<b>Order Number</b>	L2002944
<b>Date</b>	Friday, Dec 21 2018 at 3:09PM EST (Friday, Dec 21 2018 at 8:09PM UTC)
<b>SportsEngine Account</b>	Mike Vejar

**Attachments**

Entry #47968428: Liam Olwert

**Item(s) Purchased**

ITEM	ENTRY #	NAME	PRICE	TOTAL	STATUS
2019 Spring Season -, Qty: 1	47968428	Liam Olwert	\$90.00	\$90.00	

Upon completion of your Check Out, you'll be taken to a "Receipt Page", again with all the information for each player registered



# New Registration Site Help Guide – January, 2019

## CONFIRMATION EMAIL AND PURCHASE DETAIL

Clark County Soccer Association Online Store Receipt Inbox x

**Clark County Soccer Association** no-reply@mailers.sportsengine.com via sportngin.com  
to president

3:09 PM (1 minute ago) ☆ ↶ ⋮

Dear Mike Vejar,

Thank you for registering for the 2019 Spring season!

Most of our teams (8U and above) can begin practicing the week of March 18th with the season kicking off on April 6th. 6U Academy kids don't practice during the week, but only 30 minutes prior to their game each weekend.

You should be hearing from your coach the week of March 18th with details about the upcoming season. Game schedules should be available the week of March 25th.

For more about our Spring season and other CCSa information visit our Parents section on our website at [www.clarkcountysoccer.com](http://www.clarkcountysoccer.com) or email us at [info@clarkcountysoccer.com](mailto:info@clarkcountysoccer.com)

Thank you for completing the 2019 Spring Season with Clark County Soccer Association. A receipt is included below and your account is accessible online at [https://www.clarkcountysoccer.com/user\\_dashboard/show](https://www.clarkcountysoccer.com/user_dashboard/show)

==== Liam Olwert ====

Your Division Is: 10U

You can view the full survey entry [here](#).

Order Number: LZO02944

Order Total: \$90.00

Paid Today: \$0.00

Amount Outstanding: \$90.00

==== ITEMS ORDERED ====

2019 Spring Season - (Qty: 1) for \$90.00

==== BILLING INFORMATION ====

Thank you for your order!

Powered by SportsEngine  
<https://www.sportsengine.com>

↶ Reply   ↶ Reply all   ➦ Forward

**You will also receive a confirmation email from CCSA via SportEngine detailing your registration and providing limited information about the upcoming season.**



If at any point during the process you have questions, please email us at

[registrar@clarkcountysoccer.com](mailto:registrar@clarkcountysoccer.com)

We will do our best to respond within 24 business hours from receipt of your email inquiry.

**Please be sure to include as many details about your inquiry as possible...  
screen shots and other specifics are always helpful!**