

Flames SC / Foundation SC Registration Instructions

FSC Registration web site: ohionorth-fsc.affinitysoccer.com

Fields marked with an asterisk (*) are required. A double asterisk (**) indicates that one field out of a group of fields is required. For example, either home phone or cell phone is required.

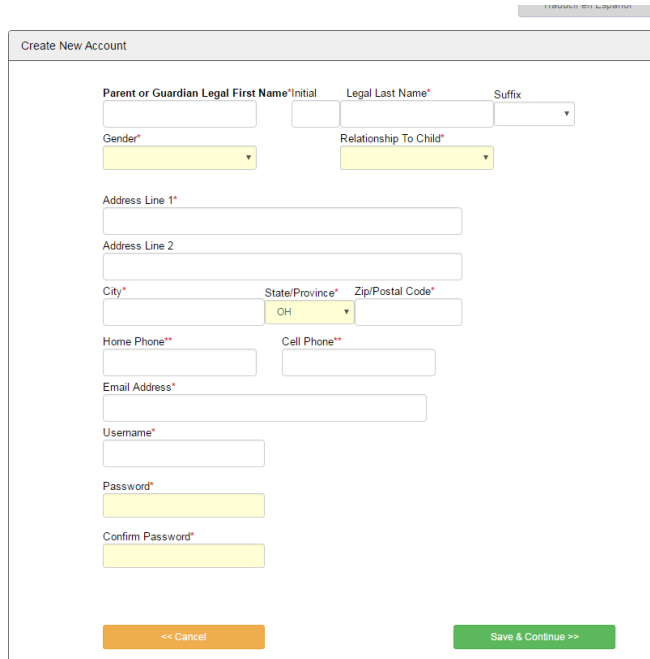
The screenshot shows the registration page for Flames SC and Foundation SC. The page has a header with the site name and logos. A navigation menu on the left includes 'User Login', 'Forgot Password', and 'Tech Support Contact'. The main content area features a large heading 'Welcome to Flames SC and Foundation SC Registration' with a prominent 'Click Here to Register' button. Below this, there is a section for technical assistance with a phone number and contact information for the club registrar. A list of required information for registration is provided, including uniform sizes and health insurance details. On the right side, there is an 'ASSOCIATION HOT SHEET' section with an 'Available on the App Store' badge and a logo for Ohio North Youth Soccer. Links for 'Return to Ohio North', 'Risk Management Registration', and 'Event, Class, & Camp Registration' are also present.

If you are a coach or have an Affinity ID for another reason, enter your Affinity username and password (same account that is used for Risk Management). Otherwise, click **Create New Account**.

This screenshot shows the login and registration selection interface. At the top, there is a 'Back to Main Page' link and a 'Traducir en Español' button. A tip box suggests hovering over help icons. The page is divided into two main sections. The left section, titled 'Select registration type(s)', includes a dropdown for 'Select a season:' (currently set to '2016-17 Principal Season') and a checkbox for 'Player Registration'. The right section, titled 'Returning users, please login.', contains a note to select a season and registration type before logging in, followed by input fields for 'Enter Username*' and 'Enter Password*'. A 'Forgot Username or Password?' link is provided below the password field. At the bottom of the right section, there is a green 'Login' button and a 'Create New Account' button.

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Enter all the required information on the Create New Account screen and click **Save & Continue >>**. For returning families, it is very important that the entries match your contact information as it appears in the registration system. If you have moved or changed phone numbers or email addresses in the last year, you should first try with the information that you would have used on last year's registration form.

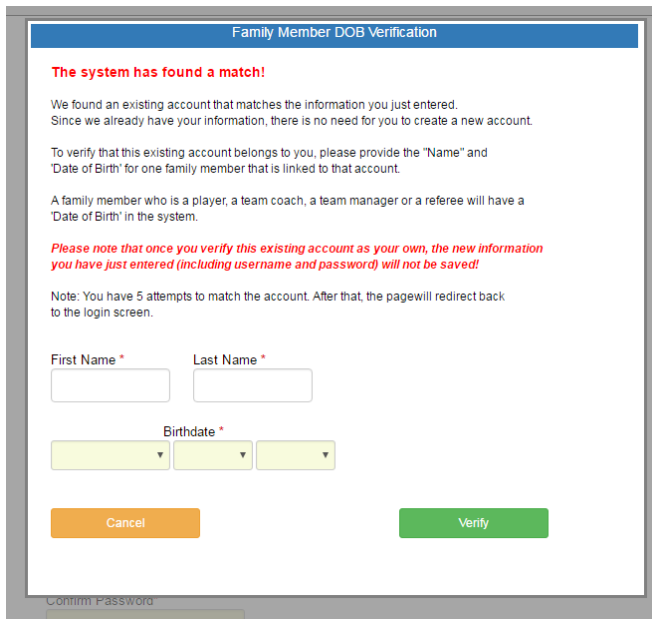


The screenshot shows a web form titled "Create New Account". The form contains the following fields and options:

- Parent or Guardian Legal First Name* Initial (text input)
- Legal Last Name* (text input)
- Suffix (dropdown menu)
- Gender* (dropdown menu)
- Relationship To Child* (dropdown menu)
- Address Line 1* (text input)
- Address Line 2 (text input)
- City* (text input)
- State/Province* (dropdown menu, currently showing "OH")
- Zip/Postal Code* (text input)
- Home Phone** (text input)
- Cell Phone** (text input)
- Email Address* (text input)
- Username* (text input)
- Password* (text input)
- Confirm Password* (text input)

At the bottom of the form, there are two buttons: "<< Cancel" (orange) and "Save & Continue >>" (green).

If you had a child in AYSA last season, the system should identify you from your information, and you should get the following screen. Enter your player's name and birth date for verification.




The screenshot shows a verification screen titled "Family Member DOB Verification". The content includes:

- A blue header bar with the title.
- A red heading: **The system has found a match!**
- Text: "We found an existing account that matches the information you just entered. Since we already have your information, there is no need for you to create a new account."
- Text: "To verify that this existing account belongs to you, please provide the 'Name' and 'Date of Birth' for one family member that is linked to that account."
- Text: "A family member who is a player, a team coach, a team manager or a referee will have a 'Date of Birth' in the system."
- Text: *Please note that once you verify this existing account as your own, the new information you have just entered (including username and password) will not be saved!*
- Note: "Note: You have 5 attempts to match the account. After that, the pagewill redirect back to the login screen."
- Form fields: "First Name *" (text input), "Last Name *" (text input), and "Birthdate *" (three dropdown menus for month, day, and year).
- Buttons: "Cancel" (orange) and "Verify" (green).

Below the verification screen, the text "Confirm Password" is partially visible.

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If your child's record is found, you will get the following screen. If the contact information shown belongs to you, click **Yes, this is my account!** to continue. If the contact information is not yours, **please contact the club registrar for assistance (Dave Golias, dgolias95@yahoo.com or text 419-610-1349).**

Warning: Duplicate Account Found! 

An existing account shown below is matching your information. If this is not your account, please exit the registration process.

Please note that if you verify this is your account, the new information you had entered earlier in the registration process (including new username and password) will not be saved. The system will use the existing information in your account (shown below).

If this is your account, but your email address has changed, please contact the Affinity Sports Support Team to have your information updated. You will need to know your email address to sign into your account in the future.

Account Primary Contact
Name: Address: (contact information will be shown here) Phone: Email:

Note: Once you inform the system that it has found your existing account, the username and password that you entered on the Create New Account screen will be discarded by the system. These credentials will not work for future logins. If you are registering multiple children, it is recommended that you complete all their registrations during one session, so you do not have to go through the process of finding your family record again. We will be working toward providing usernames to each returning family by next fall, but we did not know exactly how the system was going to work to find your information this time around, so we have not had time to do this for 2016. We apologize for any confusion this may cause. Please, if your child was part of our club last season and you are having trouble finding your family record, do not continue past this point and erroneously create a new account. **Contact the club registrar for assistance (Dave Golias, dgolias95@yahoo.com or text 419-610-1349),** and he will help you find your family record.

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You should now see a list of all your family members who are identified in the system, both players and parents. If any information needs to be updated, click **Edit** for that individual's record. Otherwise, click **Continue >>**.

Account Primary Contact

Name: David Golias
Address:
Phone:
Email: [Redacted]

Please add all your missing family members who need to be registered now or later. All added Name, DOB, Emails cannot be altered during online registration. If parents have different contact info, click Edit to change the info. Once all members are added, then Click Continue and go to Create Registration page.

To switch the primary contact, please click [Switch Primary](#).

Add All Your Family Members To Be Registered

If there is no family member to be added, please click continue.

Add New PlayerAdd New Parent/GuardianContinue >>

Name	IDNum	DOB	Gender	Relationship	Edit
David Golias	<input type="text"/>	<input type="text"/>	M	Father	Edit
Andrea Golias	<input type="text"/>	<input type="text"/>	F	Mother	Edit
Joel Golias	<input type="text"/>	<input type="text"/>	M	Player	Edit
...

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Click the **Register as Player** button for the first player that you want to register.

Traducir en Español

Add Family Member >> Create Registration >> Accept ELA >> Make Payment >> Print Form

Register Only Members Who Participate This Season (2016-17 Principal Season)

Name	ID Num	DOB	Relationship	Registration
David Golias			Father	--
Golias			Mother	--
Golias			Player	Register as Player
Golias			Player	Register as Player

If you would like to add additional family members please click the back button.

Please register at least one family member above to Continue.

<< Back

List Of Registrations Just Created

Name	IDNum	DOB	PlayLevel	AgeGroup	RegType	Remove
------	-------	-----	-----------	----------	---------	--------

Select the appropriate play level for your player:

- Flames Academy,
- Recreational (for Flames AYSA players), or
- State League Premier (for Foundation SC players).

Depending on the player's age, the appropriate options will be displayed.

Select Play Level

Play Level*

Select one -----

Select one -----

Recreational

State League Premier

Cancel

*Required **Just One Required

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Enter all the required player information, including uniform size and insurance company information. You may update your child's photo if you like. If the child's birth certificate is not already in the system, then it is required (scan or photograph and upload). Other optional fields may be filled in, including any Medical Problems or Special Requests. Then click **Save & Register Another** if you have more players to register, or **Save & Next Page** to continue.

Select Play Level

Play Level* Age Group*


Flames AYSA Under

Personal Information

Legal First Name* Initial Legal Last Name* Suffix

Gender* Birthdate*

Female

 Click here to show photo or certification upload*
Required: 'Birth Cert.'

School Name Grade

Shirt Size* Shorts Size* Socks Size*

Emergency Contact Information

Person to Notify in Emergency* Telephone*

Doctor to Notify in Emergency Telephone

List any medical problem/prohibition player has

Special Requests / Additional info?

Association Additional Information

Medical and/or Hospital Insurance Company*

Insurance Company Phone*

Policy Holder*

Policy #

Group #

Club Additional Information

If also planning to play for another club, type the other club name here:

Parent would like to volunteer as a Coach:
 Father/Guardian Mother/Guardian

Parent would like to volunteer as Team Mom/Dad (help with communications, snacks, etc.):
 Father/Guardian Mother/Guardian

*Required ** Just One Required

Flames SC / Foundation SC Registration Instructions

On the ELA page, click **I Accept** for each of the ELAs, and then **Agree & Continue**.

Accept ELA

1 of 3 FSC Parents' Code of Conduct

I, the parent/legal guardian of minor player, do hereby agree to the following "code of conduct": I will be the best possible role model for my child. I will treat all participants (players, coaches, referees and spectators) with respect. I will never yell at or touch a referee. I will let the coaches do the coaching. I will appreciate good play, no matter who makes it. I will support the team, club, and league to create a positive environment for my child. I will remember that the game is just a game, for the players and no one else.

I Accept

2 of 3 Ohio North Waiver (Player)

negligence of the Releasees or otherwise to the fullest extent permitted by law, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to Ohio North authorized representative for the limited purpose of verifying the Ohio North player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Ohio North taking photographs, video recordings, and/or sound recordings in documenting the activities of Ohio North's programs and services. We hereby grant Ohio North and their affiliates permission to use the negatives, prints, motion pictures, videotape taping, or any other reproduction of the same for Ohio North and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. (6) I understand that per Ohio "Return to Play Law" coaches and (or) referee shall remove an athlete exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or head injury from practice or competition. Also, I understand that coaches shall refrain from allowing an individual to return to the practice or competition from which the individual was removed, or to participate in any other practice or competition until the individual has been assessed and cleared for return by a physician or by any other licensed health care provider authorized by the physician.

I Accept

3 of 3 PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

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/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.

I Accept

Your First Name* Your Last Name*

On the Payment page, the **Fall Registration Fee** will be automatically checked. The **Plus Spring Season** will be checked by default, but you may uncheck this option if you are only registering for fall. The uniform items should not be checked by default. Check any optional uniform items that you wish to purchase (uniform may be required for Foundation SC players).

Select your **Payment Method** (credit card or ECheck) and click **Continue**.

Complete checking out. Print or download your receipt and forms (**Print Receipts & Forms**), including the Ohio North registration and medical release forms. Please save these forms and **submit the Ohio North forms to the club registrar by email (dgolias95@yahoo.com)**.

Note: As of 5/25/16, there may be an issue with extra unordered items such as jerseys and shorts printing on the receipts. This is a bug in the system, we have made Affinity aware of the issue. Your credit card will not be charged for these items. The total at check-out should be correct. But the system may show a balance for the player after the registration is complete, visible to the registrar. We will work with Affinity to fix this issue and remove these balances.

[Add Family Member >>](#) [Create Registration >>](#) [Accept ELA >>](#) [Make Payment >>](#) [Print Form](#)

Print Form

Congratulations, registration is now complete!

Use the buttons below to save and print documents for your records.