


Click Register at the top of screen

Then you will be asked to create an account

West Virginia Soccer Association Risk Management 

[Traducir en Español](#)

Create New Account

| | | |
|--------------------------------------|--------------------------------------|-------------------------------|
| Coach/Admin Legal First Name*Initial | Legal Last Name* | Suffix |
| <input type="text" value="Test"/> | <input type="text" value="Testing"/> | <input type="text" value=""/> |

Gender*

Birthdate*

Address Line 1*

Address Line 2

| | | |
|-------------------------------------|---------------------------------|------------------------------------|
| City* | State/Province* | Zip/Postal Code* |
| <input type="text" value="Inwood"/> | <input type="text" value="WV"/> | <input type="text" value="25428"/> |

| | |
|---|---|
| Home Phone** | Cell Phone** |
| <input type="text" value="5558675309"/> | <input type="text" value="5558675309"/> |

* are required fields
** at least one is a required fields



[<< Back to Main Page](#)

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Tip: Hover your mouse over the 'Help' icons to get useful information!

Select registration type(s)

Select a season: *

Travel Fall 2022 - Spring 2023

Select registration type(s): *

Risk Management Registration

* are required fields

[Continue >>](#)

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[Add Family Member >>](#)

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[Print Form](#)

Account Primary Contact

Name: Test Testing
Address: PO Box 294 Inwood, WV 25428-0294
Phone: (555) 867-5309(h) (555) 867-5309 (c)
Email: southberkeleysoccer@gmail.com

Please add any new family members as needed. To update an existing member's contact info, click 'Edit'. A profile's name, DOB and email cannot be changed in this process. Click 'Continue' to proceed to the 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 Player](#)

[Add New Parent/Guardian](#)

[Continue >>](#)

| Name | IDNum | DOB | Gender | Relationship | Edit |
|--------------|--------------|------------|--------|-----------------|----------------------|
| Test Testing | 70257-720275 | 06/01/1970 | F | No Relationship | Edit |



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[Add Family Member >>](#)

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Register Only Members Who Participate This Season (Travel Fall 2022 - Spring 2023)

| Name | ID Num | DOB | Relationship | Registration |
|--------------|--------------|------------|-----------------|---|
| Test Testing | 70257-720275 | 06/01/1970 | No Relationship | Register as Coach/Admin |

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

[<< Back](#)

Please register at least one family member above to Continue.

List Of Registrations Just Created

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

Online Registration - Create Reg | x +

wvsa-rm.affinitysoccer.com/Reg/Public/registration/createregistration.aspx?sessionid=d44f098e-0977-46f9-831c-fd96846e8122&domain=wvsa-rm.affinitysoccer.com&language=english

Applied Benefits De... | Epic | Bernie Forttal | EASE | Export | Anthem Producer T... | Anthem SG Resourc... | Anthem SBC Docu... | UHC E Services | UHC E Services | Aetna | Cigna for Employers | The Principal | Guardian Anytime | Highmark Producer...

West Virginia Soccer Association Risk Management

Register Test Testing as Admin

Logout

Traducir en Español

Make Payment >> | Print Form

022 - Spring 2023)

Registration

Register as Coach/Admin

Please register at least one family member above to Continue.

RegType | Remove

Test Testing

Select Play Level

Play Level?

Select one

- Risk Management Coaches and Team Admin
- Risk Management League/Club Staff/Board
- Risk Management ODP
- Risk Management Referee
- Risk Management WVSA Board
- Risk Management WVSA Staff

Cancel



Test Testing

Select Play Level

Play Level*

Risk Management C

Personal Information

First Name*

Test

Initial

Last Name*

Testing

Suffix



Gender*

Female

Birthdate*

June 01 1970  Click here to show photo or certification upload***Required:**

'Safe Sport Certificate

'Concussion Certificate

Address Information

Address Line1*

PO Box 294

Address Line2

City*

Inwood

State/Province* Zip/Postal Code*

WV

25428-0294

Home Phone**

5558675309

Cell Phone**

5558675309