# **FUTSAL ACADEMY REGISTRATION**

Just three steps to register: Complete a form, Pay Fee and Receive Confirmation

#### 1. Complete Form

While there is a "Sign in" button in the upper right corner of the webpage, do not attempt to sign in. Fill in the fields of the form without signing in:

Ontion:			
Select	$\sim$	😦 Pri	ce:
Description:			
			👷 = Required Fi
First Name		Last Name	
Filschollie		Last Name	
GENDER			
Please select			· ·
Address			9
CITY		STATE	
City	*	Select	$\sim$
Zipcode			
DATE OF BIRTH			
-SELECT MONTH-			$\sim$
-SELECT DAY-			$\sim$
-SELECT YEAR-			$\sim$
Age Group by DOB: Select Month	/Day/Year		
Cell Phone			
4			Þ
SHIRT SIZE			
			$\sim$
Select		Emergency #	
Select Emergency Contact			
Select Emergency Contact EMERG CONTACT NAME		EMERG CONTACT PHONE	
Select Emergency Contact EMERG CONTACT NAME How many years has your child j	played futsal?	EMERG CONTACT PHONE	
Select Emergency Contact EMERG CONTACT NAME How many years has your child y 0	played futsal?	EMERG CONTACT PHONE	
Select Emergency Contact EMERG CONTACT NAME How many years has your child y 0 Photo:	played futsal?	EMERG CONTACT PHONE	
Select Emergency Contact EMERG CONTACT NAME How many years has your child j 0 Photo: Choose File No file chosen	played futsal?	EMERG CONTACT PHONE	
Select Emergency Contact EMERG CONTACT NAME How many years has your child j 0 0 Photo: Choose File No file chosen	played futsal?	EMERG CONTACT PHONE	
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Select Emergency Contact EMERG CONTACT NAME How many years has your child j 0 Photo: Choose File No file chosen Note: Photo should be in portrait for t will be scaled to 240 wide x 360 high	played futsal?	EMERG CONTACT PHONE	

Give your approval (required):



Fill in contact info for one person, at least:

UARDIAN #1		GUARDIAN #2 (optional)
First Name	*	First Name
Last Name	*	Last Name
DSame as player		□Same as player
Address	*	Address
City	*	City
STATE		STATE
Select	/ *	Select
ZIPCODE		ZIPCODE
	*	
Primary Email	*	Primary Email
Confirm Primary Email	*	Confirm Primary Email
Secondary Email		Secondary Email
1 of the 3 phone numbers below must be fi HOME	illed in	1 of the 3 phone numbers below must be HOME
WORK		WORK
CELL		CELL
PREFERENCE		PREFERENCE

## And click/tap on "Continue"

### 2. Pay Fee

Fill in payment info to pay:

Individual Player Registration for the fall Futsal Academy 2021-fall\_FUTSAL ACADEMY

1 Complete Form	2 Payment © Confirmation	
ORDER SU	MMARY	

Player Name Newby, Sue Totals:	Amount 70.00 70.00	
COUPON CO	DE	
	Apply Coupon	
PAYMENT OF	TIONS	
PAYMENT OF Note: You hav check by mail)	rtions re multiple ways to pay for your order (e.g. credit ca . Select the payment method that you prefer.	rd,

🗆 Use Contact Name/Address 🛛 👷 = Required Field					
PAYMENT INFORMATION	MB				
Click below to use Google Pay Buy with G Pay					
Click below to use PayPal  PayPagited Checken  The safer, easier way to pay					
Fill out the information below to pay via Credit Card NAME ON CARD					
First Name 🔹 Last Name	*				
CARD NUMBER					
Enter CC # No Spaces					
EXPIRATION DATE CVV CODE					
MM/YY ####					
ADDRESS					
Address	*				
CITY STATE					
CitySELECT V	*				
Zipcode	*				

Click/tap on "Pay" to pay. Players are NOT registered if payment is not made.



# 3. Receive Confirmation

Confirmation will be given both on the current webpage and in an email message to you.