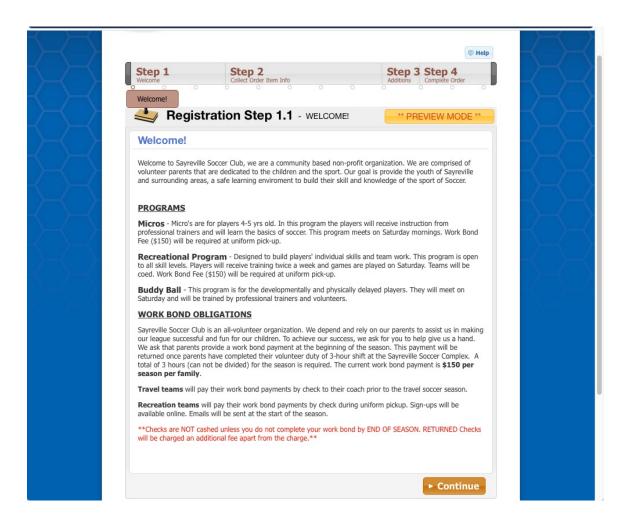


Thank you for registration with Sayreville Soccer Club. Please review our step by step instructions in using our new registration program. If you have any issues or concerns, please email us at support@sayrevillesoccerclub.com.

1. Welcome page will provide an overview of the programs we will be offer and also explain our work bond requirements. Please take a moment to read this.





2. Our new system will better organize a family by creating a Household. Please create a name for this household (usually a last name).

Step 1 Welcome	Step 2 Collect Order Itel	m Info O O O	Step 3 Step Additions Comple	te Order	
	hold Information	1.2 - HOUSEHOLD INFO	ORI ** PREVIEW	MODE **	
				demosphere	
A My Hous	enola			demosphere TeamNet	
Househol		Duntry United States	int	or Household	
Nam		Address 306 North Washingt	on Street De	naged via	
Your Phone a				amNet™, owing you to	
	r Club would like to Ir operational messages via	City Falls Church	sec	urely save	
SMS/text from t	ime to time. Please consider		per	rsonalized	
opting in below.		Sidle	any	/ networked	
I would like	e to receive SMS Broadcasts			bsite.	
			<i>L</i>	earn More	

3. Click on the "Register a participant"

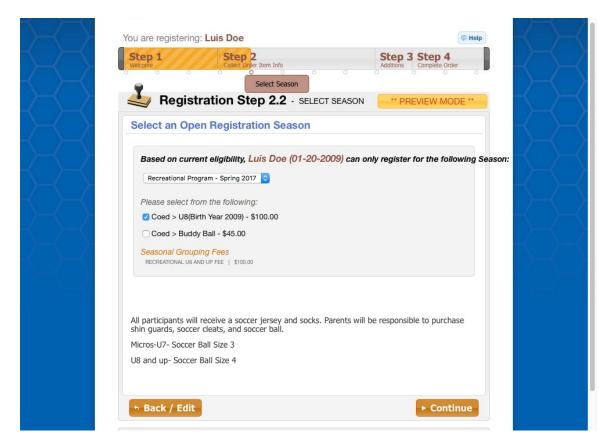
Step 1 Welcome			Step 3 Additions	Step 4 Complete Order	
	Select Order Item	BDEB ITEM		** PREVIEW MOD)E **
What would you li	ike to do?				
Regi	ster a Participant				
Regi	ster a rarcicipant				
		Registration service prov	vided by Demosphere Internation	nal, Inc review the Privacy	Policy.
		Registration service prov	vided by Demosphere Internation	nal, Inc review the Privacy	/ Policy.



4. Select a member you will be registering. If it's a new participate, click on "create new member and provide the information for the participant. All red lines are required fields.

\Rightarrow	Construction of the second secon	Help Step 4 Complete Order
\rightarrow	Registration Step 2.1 - IDENTIFY PARTICIPAL ** PRE Select Household Member to Register	CVIEW MODE **
\geq	Jane Doe John Doe 06/15/1998 01/01/2000	Members are managed via Demosphere TeamMet**, allowing you to securely save and access
	First Name Luis Last Name Doe Birthdate 01/20/2009 Gender Semale Birthdate Phone #	personalized content across any networked website. Learn More

5. Next, you will see the programs available to the participant. Select one.





6. Next, enter the Parent's information. You are only required to enter one. Also you will need a Emergency Contact and Medical insurance information.

\rightarrow	You are registering: Luis Doe for S	Spring 2017	(\$ Help	$\prec \rightarrow \prec$
	Step 1 Step 2 Collect Order Item	Info	Step 3Step 4 Additions Complete Order	
$\prec \rightarrow \prec$	• • • • • •	Additional Information	0 0 0 0	\rightarrow
	diateration Step	2.3 - ADDITIONAL INFOR	** PREVIEW MODE **	
\rightarrow	Parent 1 and Parent 2 will be household with a	e given admin login access a valid email address	CamNet [®]	$\rightarrow \rightarrow$
\rightarrow	🍰 Parent 1	Parent 2	Your <i>Household</i> <i>Members</i> are managed via <i>Demosphere</i>	\rightarrow
	Select Existing Member Create New Member	Select Existing Member Create New Member	securely save and access	$\rightarrow \rightarrow$
- <u>}-</u> }-	Select		ortent across any networked website.	
	First Name	First Name	Learn More	
	Last Name	Last Name Email		
	Address Phone	Address		
	Number Relationship	Number Relationship		
	to Participant	to Participant	0	
	Additional Emergency Contact	Medical Insurance Information:		
	Select Existing Contact	Carrier Generic Healtho	are	
	Create New Contact	ID Group ID		
	Select 📀	Sloth to		
	Last Name			



7. Next screen, you will need to enter additional information that the club requires. Also if you plan on volunteering as Coach, Asst Coach, or Team Parent, please let us know.

\prec	•	Registration Form	
	Registration Step 2.4 -	REGISTRATION FOR	**
	Spring 2017		
\rightarrow			
\rightarrow			\rightarrow
$ \rightarrow $	ADDITIONAL INFO		-
\rightarrow	Players will receive soccer jersey & socks from SSC		
	Jersey Size: **Please Select** ᅌ	Team Parent.(Counts as Workbond) Select a choice:	
		Coach	
		Asst Coach	
		Team Parent	1
	Discount Code:		

8. Overview of your information and program you will be registering

	dditions Complete Order
tep 2.5 - REVIEW REGISTRATI	* PREVIEW MODE **
istration: Luis Doe 01/20/2009 Spring 2017	
Registration Info	
Spring 2017	
Medical Insurance Information:	
Carrier: Generic Healthcare	
Member ID:	
Group ID:	
socks from SSC I want to volunteer as	
Team Parent.(Counts a	s Workbond)
Select	t a choice: Coach
	Registration Review tep 2.5 - REVIEW REGISTRATI istration: Luis Doe 01/20/2009 Spring 2017 Registration Info Spring 2017 Medical Insurance Information: Carrier: Generic Healthcare Member ID: Group ID: Socks from SSC



9. Please read our agreements and waivers. Once you continue, you have accepted all agreements.

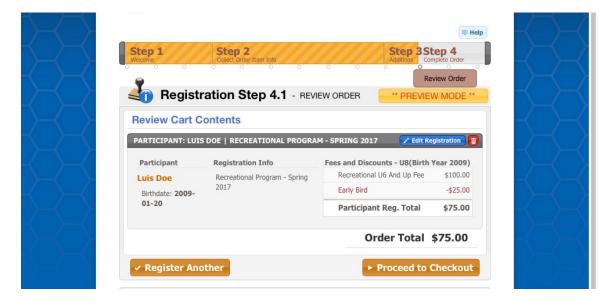


10. Select whether you will register another participant or continue to finish.

Collect.Order Item Info	Step 3 Step 4 Additions Complete Order
Registration Step 3.1 - REGISTER ANOTHER	** PREVIEW MODE
Do you have an additional registration to make?	
Register a Participant	► No, Proceed to Next Step
Registration	on service provided by Demosphere International, Inc review the Privacy Pol



11. Total cost of registering, this will show any discounts.



12. Payment information required.

yment Amount Description Registration Info rticipant Luis Doe Recreational Program Spring 2017 - U8(Birth Year 2009) ayment Information Select payment type:	Registration Total \$75.00
Description Registration Info rticipant Luis Doe Recreational Program Spring 2017 - U8(Birth Year 2009) ayment Information Select payment type: Selected Payment Method: Credit Card IM	Total \$75.00
rticipant Luis Doe Recreational Program Spring 2017 - U8(Birth Year 2009) ayment Information Select payment type: Selected Payment Method: Credit Card IMI (Selected Payment Method)	Total \$75.00
2009) ayment Information Select payment type:	
Select payment type: 🔛 Selected Payment Method: Credit Card 💌 😂	\$75.00
Select payment type: 🔛 Selected Payment Method: Credit Card 💌 😂	
Selected Payment Method: Credit Card 🔤 😂	
Selected Payment Method: Credit Card 🔤 😂	
second	
rdholder's Name First Name Last Name Number Security United States Security Code Expiration 0	♥ / 2017 ♥
City	
State 💽 🗘	
ZIP	
Amou	nt to Pay: \$75.00