

All Washington Youth Soccer volunteers must register online to complete a national background check clearance. If you have participated in Founders Cup, Challenge Cup or Championships in the past 2 years, you probably already have an account. If you remember your username and password, you can continue to the link below to complete this registration process.

Volunteers under the age of eighteen (18) must have a parent/guardian electronic signature on the legal agreement to run a national background check.

Referee RMA registration link:

www.wys-refereerma.affinitysoccer.com

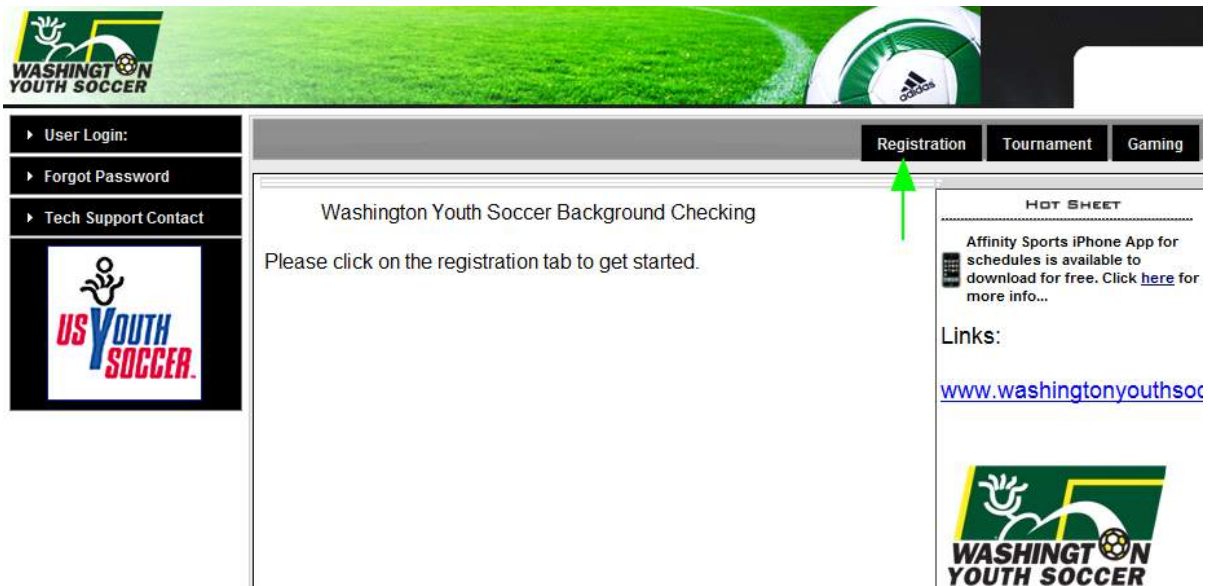
If you do not know your username or password please click the "Forgot Password" link and input your email address and last name to have an email sent to you:

Password Recovery link:

<http://www.wys-refereerma.affinitysoccer.com/public/forgotpassword.asp?sessionguid=>

Step by Step Registration Guide:

Go to www.wys-refereerma.affinitysoccer.com



WASHINGTON
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Registration Tournament Gaming

Washington Youth Soccer Background Checking

Please click on the registration tab to get started.

HOT SHEET

Affinity Sports iPhone App for schedules is available to download for free. Click [here](#) for more info...

Links:

www.washingtonyouthsoc

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Minor Volunteer Risk Management (RMA) Instructions

Select the "RMA Registration" checkbox and login to your Affinity account, or create a new account:

[<< Back to Main Page](#)

Traducir en Español

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

<p>Select registration type(s)</p> <p>Select a season: *</p> <p>2015 Referee RMA Pool</p> <p>Select registration type(s): *</p> <p><input checked="" type="checkbox"/> Referee RMA Registration</p> <p>* are required fields</p>	<p>Returning users, please login.</p> <p><i>Remember to select a season & registration type before logging in!</i></p> <p>Enter Username*</p> <p>Enter Password*</p> <p>Forgot Username or Password?</p> <p>Login</p> <p>Don't have an Account? Create New Account</p>
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Step 1 will show your account info and any family members listed on your account. Click the continue button:

1. Add Family Member >> 2. Create Registration >> 3. Accept ELA >> 4. Make Payment >> 5. Print Form >>

Account Primary Contact	
<p>Name: Natalie Test267 Address: 34 S Main St Seattle, WA 98104-2514 Phone: (877) 111-2322(h) Email: none@all.com</p>	<p>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.</p>

Add All Your Family Members To Be Registered					
If there is no family member to be added, please click continue.					
Continue >>					
Name	IDNum	DOB	Gender	Relationship	Edit
Natalie Test267	20395-715034		F	Mother	Edit

Click the Register as Coach/Admin button next to your name:

1. Add Family Member >> 2. Create Registration >> 3. Accept ELA >> 4. Make Payment >> 5. Print Form >>

Register Only Members Who Participate This Season (Fall 2015-2016)

Name	ID Num	DOB	Relationship	Registration
Kristen Phillips	69394-130547	11/30/1989	No Relationship	Register as Coach/Admin

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
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Select the "Background Check" play level option from the play level drop-down and complete the required fields requested including Drivers License information. If the applicant is under 18, please enter MINOR for the Drivers License number and enter an expiration date of 07/15/2016.

Gender* Birthdate*

Address Information

Address Line1*

Address Line2

City* State/Province* Zip/Postal Code*

Home Phone** Cell Phone**

Work Phone** Fax

Email Address*

ID Information

ID Type Drivers License Number* State*

ID Expiration Date

Referee Additional Information

Referee Grade*

Click the continue button on the next page:

- 4 Steps To Go
- 1: Add Family Member >>
- 2: Create Registration >>
- 3: Accept ELA >>
- 4. Make Payment >>
- 5. Print Form

Register Only Members Who Play This Season (Fall 2013-2014)				
Name	ID Num	DOB	Relationship	Registration
Father Testparent	44707-016000	01/01/1933	Father	Registering Now
Mother Testparent	61676-912007	04/16/1956	Father	Register as Coach/Admin
PlayerA Testparent	48557-666203	01/01/2000	Player	--

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

List Of Registrations Just Created						
Name	IDNum	DOB	PlayLevel	AgeGroup	RegType	Remove
Father Testparent	44707-016000	01/01/1933	Background Check		AD	Remove

Continue >>

Read and Accept the Electronic Legal Agreements:

- 1. Add Family Member >>
- 2. Create Registration >>
- >3. Accept ELA >>
- 4. Make Payment >>
- 5. Print Form >>

Accept ELA

1 of 3 Authorization for National Background Check

I (applicant and, if applicant is a minor, parent/guardian) understand that:

a. Washington State Youth Soccer Association may deny a clearance to any person who has been convicted of a felony, crime of violence or a crime against a person.

b. In applying to Washington State Youth Soccer Association (WSYSA), the information I have furnished on this form is subject to verification, which will include a criminal history check.

c. This is a recurring verification process and by submitting this application, that I (the applicant and parent/guardian) authorize Washington State Youth Soccer Association (WSYSA) to continue the verification process until I (the applicant and parent/guardian) revoke this authorization in writing.

d. By signing this application, I (the applicant and parent/guardian) assume the responsibility of notifying Washington State Youth Soccer Association (WSYSA) of any changes to the information contained within this application.

I Accept

2 of 3 Concussion Information Sheet

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of

I Accept

3 of 3 Sudden Cardiac Arrest Awareness Form

Sudden Cardiac Arrest Awareness Form

What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but prefer to tell an adult. If any of the

I Accept

Your First Name*

Your Last Name*

Kristen

Phillips

<< Back

Print

Agree & Continue >>

If the applicant is under 18, the Electronic Legal Agreement will require the consent of a parent/guardian. The parent/guardian must review the authorization agreement terms, enter their name into the parent/guardian first name/last name fields, and check the “I Accept” box on behalf of the minor applicant.



Please review the language below and acknowledge agreement.

3 Steps To Go
1: Add Family Member >>
2: Create Registration >>
3: Accept ELA >>
4. Make Payment >>
5. Print Form
?

Accept ELA

1 of 1 Authorization for National Background Check

I (applicant and, if applicant is a minor, parent/guardian) understand that:

- a. Washington State Youth Soccer Association may deny a clearance to any person who has been convicted of a felony, crime of violence or a crime against a person.
- b. In applying to Washington State Youth Soccer Association (WSYSA), the information I have furnished on this form is subject to verification, which will include a criminal history check.
- c. This is a reoccurring verification process and by submitting this application, that I (the applicant and parent/guardian) authorize Washington State Youth Soccer Association (WSYSA) to continue the verification process until I (the applicant and parent/guardian) revoke this authorization in writing.
- d. By signing this application, I (the applicant and parent/guardian) assume the responsibility of notifying Washington State Youth Soccer Association (WSYSA) of any changes to the information contained within this application.

I Accept

As a parent/guardian of the minor applicant, I accept on behalf of the applicant.

Parent Firstname*	Parent Lastname*

Once you have agreed to the Electronic Legal Agreements, your application is complete.

Registration Instructions ?

Your submission has been completed.
Login to My Account to check the status of your background check.

Traducir en Español

1. Add Family Member >>
2. Create Registration >>
3. Accept ELA >>
4. Make Payment >>
5. Print Form >>

Print Form

Congratulations, registration is now complete!

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



To review your RMA status:

Logging into to “My Account” you will see your information and the status of your RMA

Risk Status / Expire Date will show your RMA status and the date that this expires. Your RMA will also include an RMA# associated with your profile:

My Account Notices Instructions

My Info

Sample Sample
 123 Street
 City, WA 12345
 W: (555) 555-5555
 H: (555) 555-5555
 C: (555) 555-5555
[Edit](#)

Add More Family Members Set up SMS Messaging

Create Registration

RMA Status and RMA Number

Registration Applications						
		Current		Past		
Name	Club	Application Status	Playlevel	Risk Status/ExpireDate	ApplicationDate	Forms
A Sample Sample	Demo Club	N/A	N/A	Approved 7/15/2014 RMA#:44707-016000	7/22/2013	
A Sample Sample	Background Checking	N/A	N/A	Approved 7/15/2014 RMA#:44707-016000	7/9/2013	E

If you have additional questions about this process or need help with your account, please contact Affinity Sports or Washington Youth Soccer:

Affinity Sports

support@affinitysoccer.com

Toll Free: 888 213 3999

Submit a Help Ticket by clicking on [Tech Support Contact](#) in the left hand navigation

Washington Youth Soccer

Anya Rybnikova - RMA Support

anyar@WashingtonYouthSoccer.org

253.944.1618