

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.

Volunteer RMA registration link:

http://wys-bgc.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-bgc.affinitysoccer.com/public/forgotpassword.asp?sessionguid

Step by Step Registration Guide:

Go to www.wys-bgc.affinitysoccer.com





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 mous	se over the 'Help' icons to get useful information! 0
Select registration type(s)	Returning users, please login.
Select a season: *	Remember to select a season & registration type before logging in!
Fall 2017-2018 •	Enter Username*
Select registration type(s): *	Enter Password*
RMA Registration	Password
* are required fields	Forgot Username or Password? Login
	Don't have an Account?
	Create New Account

Step 1 will show your account info and any family members listed on your account. Click the continue button:

					Traducir en Español
Add Family N	Nember >>	Create Registration >>	Accept ELA >>	Make Payment >>	Print Form
	imary Conta				
Name: Address: Phone: Email:	7500 (253) 944-16	ent Way Ste 215 Tukwila, WA	r to c a	lease add all your missing family men ggistered now or later. All added Name e altered during online registration. If p ontact info, click Edit to change the ini re added, then Click Continue and go age.	e, DOB, Emails cannot parents have different io. Once all members
To switch t	he primary co	ontact, please click <u>Switch Prir</u>	<u>mary</u> .		

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	
Minor Volu	inteer	55573-894348	01/01/2001	F	No Relationship	Edit	



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

Add Family Member >>	Create Registrati	ion >> Acc	ept ELA >> Ma	ake Payment >> Print Form
Register Only Membe	ers Who Participate	This Season (Fa	all 2017-2018)	
Name	ID Num	DOB	Relationship	Registration
Minor Volunteer	55573-894348	01/01/2001	No Relationship	Register as Coach/Admin
If you would like to add members please click t << Back			Please family	register at least one member above to Continue.

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 07/15/2017.

	Sele	ect Play	Level		
Play Level* Background Che					
Background Che	ск				
	Dorco	nal Info	matio		
First Name*	Initial		Name*		Suffix
Minor		Vo	lunteer		
Gender*			Birt	hdate*	
Female	v	January	Ŧ	01	2001
Cite to a proto		ess Infoi			upload
Clek to upload photo					upload
Clock to	Addre	ss Info			upload
Address Line1* 7100 Fort Den	Addre	ss Info			upload
Address Line 1*	Addre	ss Info			upload
Address Line1* 7100 Fort Den	Addre	te 215	matio	n	upload
Address Line1* 7100 Fort Den Address Line2	Addre	te 215	matio	n Zip/Po	-
Address Line1* 7100 Fort Den Address Line2 City*	Addre	te 215 State/F	matio	n Zip/Po	stal Code*
Address Line1* 7100 Fort Den Address Line2 City*	Addre	te 215 State/F WA	matio	n Zip/Po 981	stal Code*
Address Line1* 7100 Fort Den Address Line2 City* Tukwila	Addre	te 215 State/F WA	mation 'rovince*	n Zip/Po 981	stal Code*
Address Line1* 7100 Fort Den Address Line2 City* Tukwila Home Phone**	Addre	te 215 State/F WA	mation 'rovince*	n Zip/Po 981	stal Code*
Address Line1* 7100 Fort Den Address Line2 City* Tukwila Home Phone** 253 9441618	Addre	State/F	mation 'rovince*	n Zip/Po 981	stal Code*



Click the green button Save & Next Page:



Read and Accept the Electronic Legal Agreements:

Add Family Member >>	Create Registration >	Accept ELA >>	Make Payment >> Print For	rm
Accept ELA				
1 of 3	Authorization for Nationa	I Background Check		
I (applica	ant and, if applicant is a minor, j	parent/guardian) understand that:		~
	ington State Youth Soccer Asso or a crime against a person.	ociation may deny a clearance to any	person who has been convicted of a felony, crime of	
	olying to Washington State Yout on, which will include a criminal		information I have furnished on this form is subject to	
Washing	s a reoccurring verification proce ton State Youth Soccer Associ his authorization in writing.	ess and by submitting this application ation (WSYSA) to continue the verific	n, that I (the applicant and parent/guardian) authorize ation process until I (the applicant and parent/guardian)	
		licant and parent/guardian) assume t ances to the information contained w	he responsibility of notifying Washington State Youth ithin this application	~
2 of 3	Concussion Information	Sheet		
		Concussion Informa	tion Sheet	
		voneussion monitu		
			s are serious. They are caused by	
			another part of the body with the	
			om mild to severe and can disrupt	
			nost concussions are mild, <u>all</u> result in complications including	
			ognized and managed properly. In	
			d can be serious. You can't see a	\sim
TACCEPT		g of a bamp of allo floa		
3 of 3	Sudden Cardiac Arrest A	wareness Form		
	Cardiac Arrest Awareness Fo			
10/hot in	auddae aerdiae arraet2 Cuddae	Condina Amost (SCA) is the sudder	and of an abarrent and label breat duther accord	^
the hear	sudden cardiac arrest? Sudden t to stop beating and the individ als per year.	ual to collapse. SCA is the leading ca	onset of an abnormal and lethal heart rhythm, causing ause of death in the U.S. afflicting over 300,000	
SCA is	also the leading cause of sud	den death in young athletes during	g sports	
What ca	uses sudden cardiac arrest? So	CA in young athletes is usually cause	d by a structural or electrical disorder of the heart. Many	
of these	conditions are inherited (geneti	c) and can develop as an adolescent	t or young adult. SCA is more likely during exercise or at greater risk. SCA also can occur from a direct blow to	
the ches			() or by chest contact from another player (called	~
IAccept				
IAccept				
IAccept				
TAccept Commo	As a par		applicant, I accept on behalf of the	
TAccept	As a par applican	it.		
	As a par applican Parent Firs	t. stname* Parent Lastnam	••••••••••••••••••••••••••••••••••••••	
	As a par applican Parent Firs	it.	••••••••••••••••••••••••••••••••••••••	
	As a par applican Parent Firs	t. stname* Parent Lastnam	••••••••••••••••••••••••••••••••••••••	
<< Back	As a par applican Parent Firs	t. stname* Parent Lastnam	••••••••••••••••••••••••••••••••••••••	—



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

Registration Instruction	s			θ
Your submission has Login to My Account	s been completed. to check the status of ye	our background cheo	sk.	
				Traducir en Español
Add Family Member >>	Create Registration >>	Accept ELA >>	Make Payment >>	Print Form
Print Form				
	Congratulatio	ons, registration is no	w complete!	
	Use the buttons below	to save and print docum	ents for your records.	
	Print Receipts &	k Forms Prin	nt ELA	
	Log out a	nd back to [My Account Log	jin] page	

To upload Minor Disclosure Form:

Go to www.wys-bgc.affinitysoccer.com

Download the form and fill out the document.

+ Attps://secure.sportsaf	finity.com/reg/index.asp?sessionguid=&domaii 🔎 🖛 🗎 🖒 🔄 Background Checking - On 🗴	
WASHINGT ON YOUTH SOCCER		AFFINIT
► User Login:	Registra	tion
Forgot Password		
Tech Support Contact	Washington Youth Soccer Volunteer RMA	HOT SHEET
and the second s	Please click on the <u>Registration Tab</u> above to get started with your background check.	Links: Volunteer RMA Instructions
US Y OUTH SOCCER.	If you already have an account, please use your existing Affinity Sports username and password to complete this process. If you need to recover this information, please click the forgot username/password in the left have navigation.	Minor RMA Instructions Registrar Login Page
	Please review the informational brochures below on Sudden Cardiac Arrest prior to completing your RMA registration:	
	Sudden Cardiac Arrest Awareness Information Pamphlet (PDF)	14 A
	Minor Disclosure Form - 4.10.17.pdf	WASHINGT WN YOUTH SOCCER



Select the "User Login" checkbox on the top left hand corner and login to your Affinity account.



Once you are logged into your account, select the profile of the individual you are doing the upload for, then go to the "Certificates" tab and select Upload Letter of Recommendation.

MY ACCOUNT 📀	HELP 🕤 LO	DGOUT				
Family Members: Click a family member's po	ortrait to view their info	rmation.				
Minor Volunteer Vew Details - Update Photo - - Print Documents - - View Payments -						
Personal Info App	lications Details	Certificates	Teams	Events	Referee Schedules	
Certificates If you have available certificat	ites, click on the image to u	upload or view a file.				
Click to Upload Sudden Cardiac Arrest	etter of					



A new window will appear. Select Browse and this will allow you to browse your computer for where you saved the document.

Upload Letter Of Recommandaton Name: Minor Volunteer DOB: (01/01/2001) Select and view an image/pdf file:	
	Browse
Close	

You will see an option to edit your upload. Select "Upload image".

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Name: Minor Volunteer DOB: (01/01/2001)		
Use editing tools to ac	ljust image, then click "Upload	Image" to upload
Select image area to crop	Resize image to	Rotate (clockwise)
Crop	50 🔽 % Resize	Rotate
Undo to original	Load Other Image	Upload Image
Selected Image:		
WASHINGTON		WA Yo
	Vashington Youth Soccer Risk Ma	
To the V	Vashington Youth Soccer Risk Ma applicant under the age of 18 yea	nagement Director:
To the N I am an would II acquain		nagement Director: rs old and in lieu of running a r indation signed by an adult, no re Lacknowledge that I am sub
To the N I am an would III acquain perjury. I unders days of	applicant under the age of 18 yea ke to submit this letter of recomme ted with. By writing my name abov	nagement Director: rs old and in lieu of running a r ndation signed by an adult, no re I acknowledge that I am sub nai history and that I uphoid a it is my obligation to complete



The Letter or Recommendation will now appear on the certificates tab of the profile.

Personal Info	Applications	Details	Certificates	Teams	Events	Referee Schedules
Certificates If you have available	certificates, click on t	he image to u	upload or view a file.			
Upload Sudden						

Once you have uploaded the document, please allow for 24 to 48 hours for the approval to go through.

To review your RMA status:

Go to www.wys-bgc.affinitysoccer.com

Select the "User Login" checkbox on the top left hand corner and login to your Affinity account.





Once you are logged into your account, go to the Applications Tab to see your Risk Status / Expire Date will show your RMA status and the date that this expires.

Personal Info	Applications Details	Certificates	Teams	Events	Referee Sch	edules			
Admin									
Season	Organization		Risk Statu	15	Expire Date	Tear	n Options	Print	
Fall 2017-2018	Background Che	cking	Approved	\mathcal{T}	01/01/2018	N/A		Receipt & Form Legal Agreeme	
				Show Pas	t Apps				

To review your RMA number:

Go to www.wys-bgc.affinitysoccer.com

Select the "User Login" checkbox on the top left hand corner and login to your Affinity account.

+ + + + + + + + + + + + + + + + + + +	occer.com/reg/index.asp?sessionguid=≠	n ×			
WASHINGT ON YOUTH SOCCER		AFFIN			
User Login: Username:	Registration				
Password: Login Forgot Password Tech Support Contact SourceER.	Washington Youth Soccer Volunteer RMA Please click on the <u>Registration Tab</u> above to get started with your background check. If you already have an account, please use your existing Affinity Sports username and password to complete this process. If you nee- to recover this information, please click the forgot username/passworr in the left have navigation. Please review the informational brochures below on Sudden Cardiac Arrest prior to completing your RMA registration: <u>Sudden Cardiac Arrest Awareness Information Pamphlet (PDF)</u>	Hor Sheet Links: Volunteer RMA Instructions Minor RMA Instructions Registrar Login Page			

Once you are logged into your account, go to the Applications Tab and select "Legal Agreement".

Personal Info 🤇	Applications Details	Certificates	Teams	Events	Referee Schedules			
Admin								
Season	Organization		Risk State	JS	Expire Date	Team Options	Print	
Fall 2017-2018	Background Che	ecking	Approved		01/01/2018	N/A	<u>Receipt & Forms</u> <u>Elegal Agreement</u>	
Show Past Apps								



A new window will pop up with your RMA Number.

Player's ELA Log

Player: Minor Volunteer IDNum: 55573-894348

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