

Start here: <http://wys-bqc.affinitysoccer.com/>

Click on the "Registration" link:

The screenshot shows a web browser window with a navigation menu on the left and a main content area. The navigation menu includes links for "User Login:", "Forgot Password", and "Tech Support Contact". Below these is the "US YOUTH SOCCER" logo. The main content area has a "Registration" tab highlighted in yellow. The page title is "Washington Youth Soccer Volunteer RMA". The text on the page reads: "Please click on the Registration Tab above to get started with your background check." and "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 hand navigation." On the right side of the page, there are three blue links: "Link", "Volt", and "Min".

STEP 1: Login

If you are a returning coach, you should have submitted this form last season so you already have an account. If you have forgotten your username or password, click on the “Forgot UserName / Password” link. If you remember your information, enter your Username and Password and click the “Login” button.

If you don’t remember if you have an account, click on the “Forgot UserName / Password” link, enter your email address and last name, and see if you get anything.

If you do not have an account, click on the “Create New Account” button.

[<< BACK TO MY ACCOUNT LOG IN](#)

Select registration type(s)

Season: Fall 2014-2015

Select registration type(s): * [?](#)

RMA Registration

* are required fields

OPTION 1: Returning player/member, please login using your username and password.

Username* Password*

* are required fields [Forgot UserName / Password](#)

OPTION 2: New player/member, please click Create New Account button below.

STEP 2: Verify or Enter Names

If your name is not in the list, click on “Add New Parent/Guardian”. If you are registering a child, click on “Add New Player”. Please make sure you use Legal First and Last Names. This information should match your Fircrest Soccer Club registration name.

Once you have all the names in the list you need to register, click on “Continue”

FIRCREST SOCCER CLUB: STEP-BY-STEP INSTRUCTIONS FOR BACKGROUND CHECK

Please make sure you are registering for your RMA with your correct legal first name, legal last name and DOB.

If this any part of this is not correct, please stop. If you need help with getting this information updated please contact technical support: 1 888 213 3999 or support@affinitysoccer.com

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

Account Primary Contact	
Name:	John E Sullivan
Address:	905 Altadena Dr Fircrest, WA 98466-6802
Phone:	(253) 565-9349(h)
Email:	johnsullivanr@comcast.net

o switch the primary contact, please click [Switch Primary](#).

Add All Your Family Members To Be Registered					
Name	IDNum	DOB	Gender	Relationship	
Kirsten M Sullivan	28449-663839	██████████	F	Player	Edit
John E Sullivan	44539-895807	██████████	M	No Relationship	Edit

STEP 3: Register

Click on the “Register as Coach/Admin” next to the person you need to register.

Please make sure you are registering for your RMA with your correct legal first name, legal last name and DOB.

If this any part of this is not correct, please stop. If you need help with getting this information updated please contact technical support: 1 888 213 3999 or support@affinitysoccer.com

Minor Applicants will enter "MINOR" as the Drivers License Number and 07/15/2015 as the expiration date.

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

Register Only Members Who Play This Season (Fall 2014-2015)				
Name	ID Num	DOB	Relationship	Registration
Kirsten M Sullivan	28449-663839	██████████	Player	<input type="button" value="Register as Coach/Admin"/>
John E Sullivan	44539-895807	██████████	No Relationship	<input type="button" value="Register as Coach/Admin"/>

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

List Of Registrations Just Created						
Name	IDNum	DOB	PlayLevel	AgeGroup	RegType	Remove
?						

For “Play Level”, select “Background Check”

John E Sullivan

Select Play Level

Play Level*

Personal Information

First Name* Initial Last Name* Suffix

Denied, disqualified or removed from participation in any youth or sports organizations?*

No Yes

*Required **Just One Required

Answer all of the questions and click the "Save" button.

STEP 4: Continue and Accept ELA

Once you've filled out the information and have a registration created, click the "Continue" button.

Please make sure you are registering for your RMA with your correct legal first name, legal last name and DOB. If this any part of this is not correct, please stop. If you need help with getting this information updated please contact technical support: 1 888 213 3999 or support@affinitysoccer.com

Minor Applicants will enter "MINOR" as the Drivers License Number and 07/15/2015 as the expiration date.

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

Register Only Members Who Play This Season (Fall 2014-2015)

Name	ID Num	DOB	Relationship	Registration
Kirsten M Sullivan	28449-663839	[REDACTED]	Player	<input type="button" value="Register as Coach/Admin"/>
John E Sullivan	44539-895807	[REDACTED]	No Relationship	Registering Now

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

List Of Registrations Just Created

Name	IDNum	DOB	PlayLevel	AgeGroup	RegType	Remove
John Sullivan	44539-895807	[REDACTED]	Background Check		AD	Remove



Check the "I Accept" box, and click on the "Agree & Continue" button.

Please review the language below and acknowledge agreement.

3 Steps To Go **1: Add Family Member >>** 2: Create Registration >> 3: Accept ELA >>

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 violence or a crime against a person.
- b. In applying to Washington State Youth Soccer Association (WSYSA), the information I have furnished is true and correct, and I authorize Washington State Youth Soccer Association (WSYSA) to conduct a background check, 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 change in my contact information.

I Accept

Your Firstname*	Your Lastname*
John	Sullivan

Agree & Continue Print



FIRCREST SOCCER CLUB: STEP-BY-STEP INSTRUCTIONS FOR BACKGROUND CHECK

STEP 5: Print Receipt (optional) and Logout

You can now “Print Receipts and Forms” if you like.

Log out and you’re all done!