# How To Sign Up as a Head Coach or Assistant Coach



<b>1</b> Navigate	to <u>register.ontarioruralsoftballassociation.ca</u>
2 Click "Sig	ın up here"
	LOG IN PLEASE ENTER YOUR EMAIL AND PASSWORD
	Email
	Password
	Forgot your password?
	LOGIN New user? <u>Sign up here</u>

3 Click t	the "First	Name" field.	
	HOME	ONLINE STORE	LOGIN / REGISTER
			NEW MEMBER REGISTRATIO
			Please enter the following information:
			Last Name
			Email
			Re-Enter Email
			You will receive an e-mail with a link requesting you to confirm your registration. After confirming, you will then be able to complete the rest of your membership



Click the "Last Name" field.

NEW MEMBER REGISTRAT
Please enter the following information:
coach123
Last Name
Email
Re-Enter Email
You will receive an e-mail with a link requesting you to confirm your regis After confirming, you will then be able to complete the rest of your memb profile.

NEW MEMBER REGISTRAT
Please enter the following information:
coach123
head123
Email
Re-Enter Email
You will receive an e-mail with a link requesting you to confirm your regi After confirming, you will then be able to complete the rest of your mem profile.

#### Click the "Email" field.

lease enter the following information:	
coach123	
head123	
tmoffitt+coach123head@softballontari	p.ca
Re-Enter Email	
You will receive an e-mail with a link requesting After confirming, you will then be able to comp profile.	g you to confirm your registration. plete the rest of your membership
I'm not a robot	reCAPTCHA

Please enter the following information:
coach123
head123
tmoffitt+coach123head@softballontario.ca
Re-Enter Email
You will receive an e-mail with a link requesting you to confirm your registration After confirming, you will then be able to complete the rest of your membersh profile.
I'm not a robot



#### Click Continue

You will rec After confir profile.	coach123head@softballontario eive an e-mail with a link requesting ming, you will then be able to comp	.ca you to confirm ete the rest of y	your registration. /our membership	
	V I'm not a robot	reCAPTCHA Privacy - Terms		
	CONTINUE			
			© 2021 Softball Ontario All Rights Reserved	I.
	tmoffitt-	tmoffitt+coach123head@softballontario	tmoffitt+coach123head@softballontario.ca You will receive an e-mail with a link requesting you to confirm After confirming, you will then be able to complete the rest of y profile. I'm not a robot reCAPTCHA Privacy - Tems	tmoffitt+coach123head@softballontario.ca Nou will receive an e-mail with a link requesting you to confirm your registration. After confirming, you will then be able to complete the rest of your membership profile.

**11** Go to your email and click the link that was sent to your email. (Check your junk or spam folder if you don't see the email.)



#### Select your Gender

User Inform	nation
First Name	
coach123	
Last Name	
head123	
Gender* Man	
Date of Birth*(r	YYYY-MM-DD)
ndigenous Sta	itus*
NCCP Number	

### Select your date of birth

First Name
coach123
Last Name
head123
Gender*
Man
Date of Birth*(\YYY-MM-DD)
yyyy-mm-dd
Indigenous Status*
NCCP Number

## Select your Indigenous Status

First Name		
coach123		
Last Name		
head123		
Gender*		
Man		
Date of Birth*mm	(-MM-DD)	
1998-03-04		
Indigenous Statu	IS*	
None		
NCCP Number		

15 Enter	your NCCP #
----------	-------------

Date of Birth*(/////-MIM-DD)
1998-03-04
Indigenous Status*
None
Respect In Sports Number
Account Information
Email

**16** Enter your respect in sports number if you have one.

1998-03-04
Indigenous Status*
None
NCCP Number
123456
Respect In Sports Number
Account Information
Email
tmoffitt+coach123head@softballontario.ca
Username

#### Create a password

Ad	ccount Information
Ema	ail
tm	noffitt+coach123head@softballontario.ca
Use	rname
tm	noffitt+coach123head@softballontario.ca
Pas	sword
Re-E	Enter Password*
Sec	urity Question*
Sec	urity Answer

#### Re-Enter the Password

tmoffitt+coach123head@softballontario.ca
Username
tmoffitt+coach123head@softballontario.ca
Password
Weak
Re-Enter Password*
Security Question*
Security Answer

19	Select a security question.	(Make sure to write this down.)
----	-----------------------------	---------------------------------

	tmoffitt+coach123head@softballontario.ca
	Username
	tmoffitt+coach123head@softballontario.ca
	Password
	Weak
	Re-Enter Password*
	Security Question*
	What is your favorite color?
	Security Answer
Г	

## 20 Select your security answer. (Make sure to write this down.)

tmoffitt+coach123head@softballontario.ca
Username
tmoffitt+coach123head@softballontario.ca
Password
Weak
Re-Enter Password*
Security Question*
What is your favorite color?
Security Answer

### 21 Enter Phone number

Security Answer	
Contact Inform Daytime Phone *	nation Ext.
(555) 555-1234 Evening Phone	At least one phone number is required. Format: 555-555-1234 <b>Ext.</b>
(555) 555-1234 Cell Phone (555) 555-1234	
Address 1*	

### 22 Enter your Address.

(123) 456-7890	At least one phone number is required. Format: 555,555,1734
Evening Phone	Ext.
(555) 555-1234	
Cell Phone	
(555) 555-1234	
Address 1*	
Address 2	
City*	
Province*	

#### 23 Enter your City

	Cell Phone
	(555) 555-1234
	Address 1*
	5063 North Service Road
	Address 2
	City*
	Province*
	Postal Code*
ſ	

### Enter your province.

Ce	ell Phone
(5	555) 555-1234
Ad	Idress 1*
50	3063 North Service Road
Ad	ddress 2
Cit	ty*
В	Burlington
Pro	rovince*
0	Dntario
Po	ostal Code*

Enter your postal code.

Cell Phone
(555) 555-1234
Address 1*
5063 North Service Road
Address 2
City*
Burlington
Province*
Ontario
Postal Code*

Enter your Emergency Contacts name.

Postal Code*
L7L5H6
Emergency/Parent/Cuardian Information
Name*
Phone Number* Ext.
(555) 555-1234
Proof of Age
(ex: driver's license, passport photos)

27 Enter your Emergency contacts phone number.

Emergency/Parent/Guardian Information
Name*
Billy
Phone Number*         Ext.           (555) 555-1234
Proof of Age
(ex: driver's license, passport photos)
Choose File No file chosen

### 28 Click "Register"

Proof of Age
(ex: driver's license, passport photos)
Choose File No file chosen
REGISTER
1934 Parkside Drive, Pickering, ON LIV 3N5
Phone: 416-426-7150

29				
	Proof (ex: dri Choose REGISTE	of Age ver's license, passport p se File No file chosen	photos)	
	1934 Parkside E Pickering, ON L Phone: 416-426 Email: info@sol	Drive, LV 3N5 5-7150 ftballontario.ca		
<b>30</b> Select your role (C	oach or Ass	istant Coach).		
	HOME	MY ACCOUNT 🝷	EVENT REGISTRATION -	ONLINE STORE
WARNING! E	By signing this d	ocument you will waive	certain legal rights. Please read	carefully.
Select Role*				
Select Asso	ciation*			
Select Divisi	on*			
Add Dale				

### Select your Association.

Select Role*		
Coach		
Select Association*		
Alvinston		
Select Division*		

### Select your division.

Select Role*		
Coach		
Select Association	on*	
Alvinston		
Select Division*		
U15 Boys		
Add Role		
		Division
Role	Association	
Role	Association	

#### 33 Click "Add Role"

Select Associat	lion*	
Alvinston		
Select Division*	•	
U15 Boys		
Add Role		
Add Role Role	Association	Division
Add Role Role	Association	Division

### **34** Read all of the attached waivers and check the I agree box.

	1	.pdf
	2	.pdf
	3	Coach Waiver.pdf
	The Bartisiner	t (and the Participantia parent/sucrdian if applicable) seknowledge that they have read t
v	oluntarily, and t	it (and the Participant's parent/guardian, if applicable) acknowledge that they have read t that this agreement is to be binding upon themselves, their heirs, next of kin, assigns, ex
p	articipants are	consenting to the use of electronic signatures in lieu of an original signature on paper.
	Accept	

### 35 Click Accept

	3	Coach Waiver.pdf
	The Participant	(and the Participant's parent/guardian, if applicable) acknowledge that they have read t
	voluntarily, and the	at this agreement is to be binding upon themselves, their heirs, next of kin, assigns, ex insenting to the use of electronic signatures in lieu of an original signature on paper.
		······································
	Accept	
	1934	Parkside Drive,
C C	Pick	ering, ON LIV 3N5
SOL	Pho	ne: 416-426-7150
	Ema	il: info@softballontario.ca

#### Click checkout

Regular	Quantity	Discount	Total
\$15.00	1	\$0.00	\$15.00
		Sub Total	\$15.00
		Tax	\$0.00
		Grand Total	\$15.00
	© 2021 Softball Ontario All Rights Res Proudly hosted by vDesktop Cloud	served.	
	and managed by Crestine IT Service	2	

**37** Select to pay via Credit Card or E-transfer. If you select E-transfer you will need to send the transaction separately.

PAYMENT	HOME	MY ACCOUNT	•	EVENT REGISTRATION -	ONLINE STORE
Payment Type			Credit	Card	
Card Number	with card				CW (3 digits)

#### Click the "Expiration Date" field.

Card Number		
4111 1111 1111 1111	VISA	
Expiration Date (MM/YY)		CVV (3 digits)
		•••
VALIDATE CARD		

			VISA	mailurcard	AMEX
	<b>CIN</b>				
	CVV (3 digits)	 			
	• • •				
				_	
pontarioruralsoftballassociation	са	PROCEED WITH	PAYMENT	CA	NCEL

### 40 Click "VALIDATE CARD"

Card Number		
4111 1111 1111 1111	VISA	
Expiration Date (MM/YY)		CVV (3 digit
12 / 34		123
VALIDATE CARD		

### Click proceed with payment.



#### 42 Click Continue

oach (For coach123 head123)	\$15.00	1	\$0.00	\$15.00
		Sub	Total	\$15.00
			Tax	\$0.00
		Grand	l Total	\$15.00
		Amoun	t Paid	\$15.00
· your records.	© 2021 Softball Ontario All Rig Proudly hosted by vDesktop C and managed by Crestline IT S	hts Reserved. Cloud Services	PRINT	CONTINUE

### Now you are back to your dashboard.

HOME	MY ACCOUNT 🔻	MANAGE -	EVENT REGISTRATION -	ONLINE	
DAS	HBOARD				
Welcome, coach123 head123! Member Number: ORSA-9810176					
ROLES	;				
Role	Statu	IS	Association	1	
Coach	Activ	е	Alvinston		