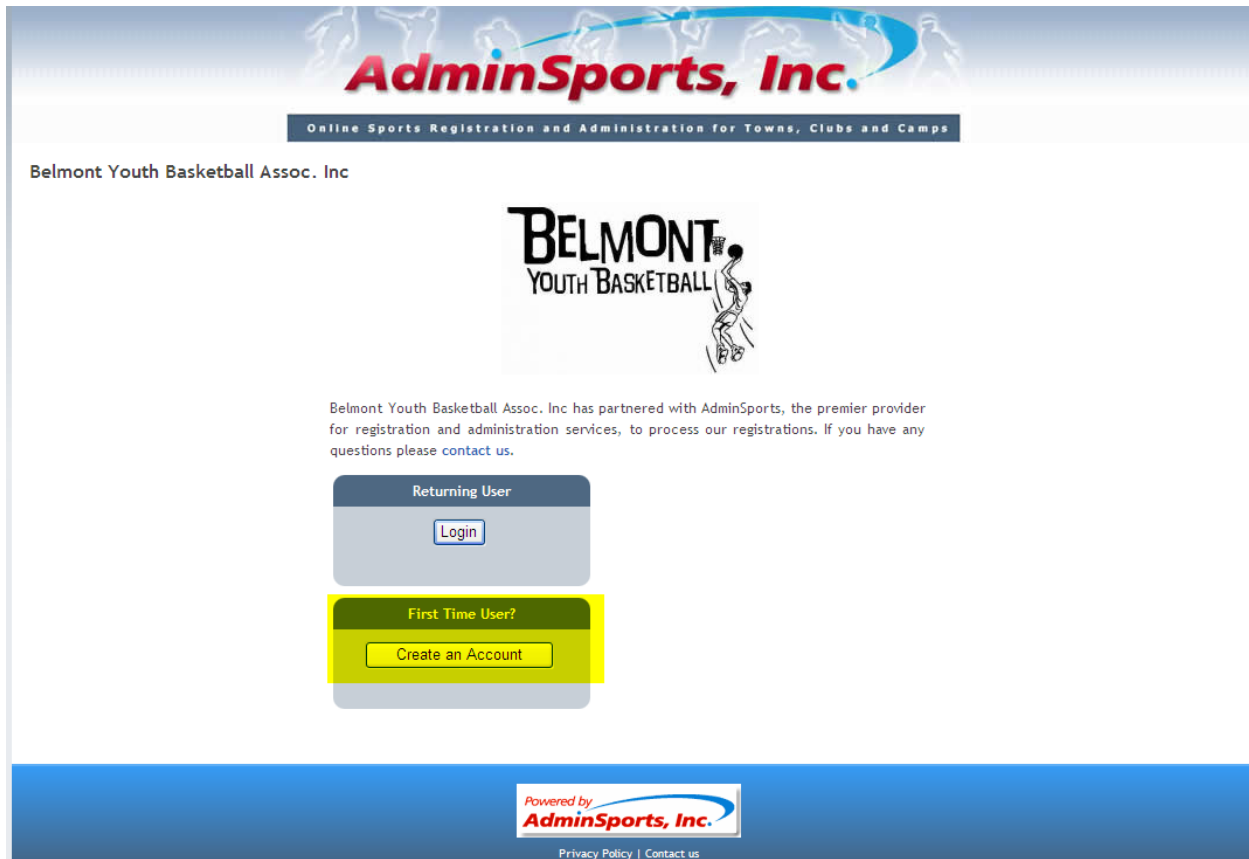


STEP 1 – LOGIN

Using the link provided from the BYBA website, login by selecting “First Time User”.



The screenshot shows the AdminSports, Inc. login interface. At the top, the AdminSports, Inc. logo is displayed in red and blue, with the tagline "Online Sports Registration and Administration for Towns, Clubs and Camps" below it. The page title is "Belmont Youth Basketball Assoc. Inc". The Belmont Youth Basketball logo, featuring the text "BELMONT YOUTH BASKETBALL" and a silhouette of a basketball player, is centered. Below the logo, a paragraph states: "Belmont Youth Basketball Assoc. Inc has partnered with AdminSports, the premier provider for registration and administration services, to process our registrations. If you have any questions please contact us." Two buttons are visible: a "Login" button under the heading "Returning User" and a "Create an Account" button under the heading "First Time User?". The "Create an Account" button is highlighted with a yellow border. At the bottom, a blue footer contains the text "Powered by AdminSports, Inc." and "Privacy Policy | Contact us".

STEP 2 – FAMILY REGISTRATION

As a first-time user, you will be asked to fill out the “Family Registration” page – including email, address and parent/guardian information.

When complete, select the “Create Family Account” button located at the bottom left.

Family Registration



[Return to Main Login](#)

Login Information

Your Primary E-mail address will be your login name. For your password, use a familiar term that is at least four characters long. Fields marked with * are required

Login Information

Primary Email Address	<input type="text" value="JohnSmith@yahoo.net"/>	*
Verify Email Address	<input type="text" value="JohnSmith@yahoo.net"/>	*
Password	<input type="password" value="••••••"/>	*
Verify Password	<input type="password" value="••••••"/>	*
Optional Email Address #2	<input type="text" value="MarySmith@yahoo.net"/>	

General Information

Street Address	<input type="text" value="2500 School St"/>	*
City	<input type="text" value="Belmont"/>	*
State	<input type="text" value="MA"/>	*
Zip Code	<input type="text" value="02478"/>	*
Primary Telephone	<input type="text" value="999-999-9999"/>	*

Parent/Guardian #1

First Name	<input type="text" value="John"/>	*
Last Name	<input type="text" value="Smith"/>	*
Mobile Phone #1	<input type="text" value="777-777-7777"/>	

Parent/Guardian #2

First Name	<input type="text" value="Mary"/>	
Last Name	<input type="text" value="Smith"/>	
Mobile Phone #2	<input type="text" value="888-888-8888"/>	

* - Required fields for all accounts

[Create Family Account](#)

STEP 3 – FAMILY INFORMATION

In this step, you will begin the process of adding a child that will participate in the BYBA program by selecting the “Add a Participant” button.

AdminSports, Inc.
Online Sports Registration and Administration for Towns, Clubs and Camps

Family Information

Please review your account information and if changes are required press Modify Family Information.

Address: 2500 School St Belmont, MA 02478	Parent/Guardian #1: John Smith
Home Phone: (999) 999-9999	Parent/Guardian #2: Mary Smith
Mobile Phone #1: (777) 777-7777	Mobile Phone #2: (888) 888-8888
Primary Email Address: JohnSmith@yahoo.net	Email Address #2: MarySmith@yahoo.net

Participant Information

Participant	Season	Registration	Team Name	Options
-------------	--------	--------------	-----------	---------

STEP 4 – ADD OR MODIFY PROGRAM PARTICIPANTS

Please fill out the participant information form as complete as possible.

If you have additional children that need to be added, select the “Return to the Family Information Page” and repeat steps 3 and 4. If you have successfully added all family members information, then select the “Continue” button.

Add or Modify Participant Info



Please review your participant's information and make changes in the fields below. Once complete click on the "Continue" button at the bottom of this page.

[Return to Family Information Page](#)

[Cancel](#)

Participant Information

First Name: *

Last Name: *

Date of Birth: *

Gender: *

Medical Information

Name of Insurance Provider:

Insurance Policy Number:

Allergies:

Other Medical Problems:

Emergency Information

Name of Emergency Contact: *

Emergency Contact's Telephone Number: *

Name of Physician:

Physician's Telephone Number:

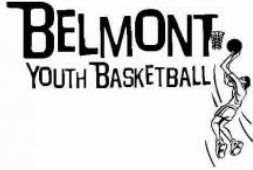
[Continue](#)

[LogOut](#)

STEP 5 – BEGIN CHILD’S REGISTRATION

From the Family information page, select the “Registration” button for the child you are registering. For the current year, please select the “**Winter 10-11**” season.

Family Information



[Modify Family Information](#) Please review your account information and if changes are required press Modify Family Information.

Address: 2500 School St Belmont, MA 02478	Parent/Guardian #1: John Smith
Home Phone: (999) 999-9999	Parent/Guardian #2: Mary Smith
Mobile Phone #1: (777) 777-7777	Mobile Phone #2: (888) 888-8888
Primary Email Address: JohnSmith@yahoo.net	Email Address #2: MarySmith@yahoo.net

Participant Information

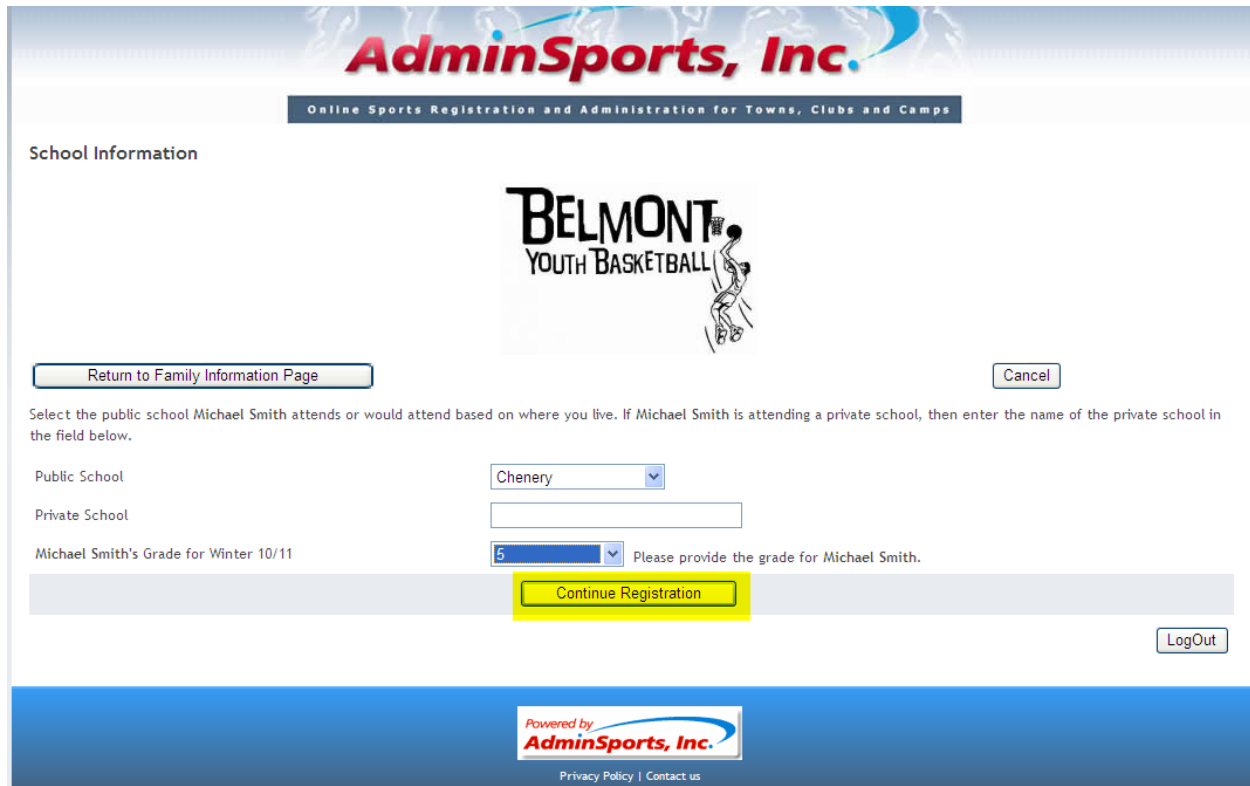
[Add a Participant](#)

Participant	Season	Registration	Team Name	Options
Michael Smith	Winter 10/11	Registration		
	BHS 10/11	Registration		

[LogOut](#)

STEP 6 – SCHOOL and GRADE INFORMATION

Enter the current school and grade information for your child. Then select “continue registration”.



The screenshot shows the 'School Information' section of the AdminSports, Inc. website. At the top, the AdminSports, Inc. logo is displayed in red and blue, with the tagline 'Online Sports Registration and Administration for Towns, Clubs and Camps' below it. The main heading is 'School Information'. In the center, there is a logo for 'BELMONT YOUTH BASKETBALL' featuring a basketball player silhouette. Below the logo, there are two buttons: 'Return to Family Information Page' on the left and 'Cancel' on the right. A paragraph of text instructs the user to select the public school Michael Smith attends or would attend based on where they live, or enter the name of a private school. Below this text, there are three input fields: a dropdown menu for 'Public School' with 'Chenery' selected, an empty text box for 'Private School', and a dropdown menu for 'Michael Smith's Grade for Winter 10/11' with '5' selected. To the right of the grade dropdown is the text 'Please provide the grade for Michael Smith.' At the bottom of the form area, there is a prominent yellow 'Continue Registration' button and a 'LogOut' button in the bottom right corner. The footer of the page features the AdminSports, Inc. logo with the text 'Powered by AdminSports, Inc.' and links for 'Privacy Policy' and 'Contact us'.

AdminSports, Inc.
Online Sports Registration and Administration for Towns, Clubs and Camps

School Information

BELMONT
YOUTH BASKETBALL

[Return to Family Information Page](#) [Cancel](#)

Select the public school Michael Smith attends or would attend based on where you live. If Michael Smith is attending a private school, then enter the name of the private school in the field below.

Public School

Private School

Michael Smith's Grade for Winter 10/11 Please provide the grade for Michael Smith.

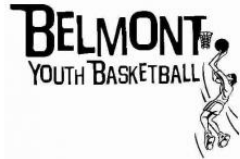
[Continue Registration](#) [LogOut](#)

Powered by **AdminSports, Inc.**
Privacy Policy | Contact us

STEP 7 – PROGRAM REGISTRATION

Please select the Program Selection (for example, 5th-6th Grade Boys) and optionally specify your request to volunteer as a coach or assistant coach for this child's registration.

Season Registration



Participant Profile Review

Emergency Contact		Medical Information	
Contact Name	<input type="text" value="Karen Smith"/>	Insurance Company	<input type="text" value="United HealthCare"/>
Emergency Phone	<input type="text" value="(555) 555-5555"/>	Insurance Policy Number	<input type="text" value="345345-345"/>
Doctor Name	<input type="text" value="Dr. Jones"/>	Medical Problems	<input type="text" value="None"/>
Doctor Phone	<input type="text" value="(444) 444-4444"/>	Allergies	<input type="text" value="None"/>

School Information

Michael Smith will attend Other-Please enter.	Michael Smith will be in 5 grade during Winter 10/11
-----------------------------------------------	------------------------------------------------------

Program Selection for BasketBall

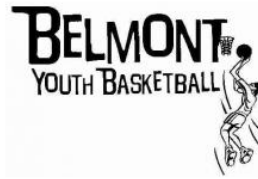
Volunteer Opportunities for BasketBall

<input checked="" type="checkbox"/> John Smith would like to volunteer as	<input type="checkbox"/> Mary Smith would like to volunteer as
<input type="text" value="Please Select"/>	<input type="text" value="Please Select"/>
<input type="text" value="Asst. Coach"/>	
<input type="text" value="Coach"/>	

STEP 8 – LIABILITY WAIVERS

Next, please complete the liability waivers which are required for participation in the program.

Season Registration - Waviers



Liability Waiver:

I, John Smith, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Belmont Youth Basketball Assoc. Inc, their affiliated organizations and sponsors ('Club'). I desire to have the registrant participate in the Basketball ('Sport') programs and activities, including indoor/outdoor play, practices, clinics and matches ('Programs') offered by said 'Club'. Recognizing the possibility of physical injury associated with said 'Sport' and the registrants participation in the Programs, and in consideration for the 'Club' accepting the registrant for participation in the Programs, on behalf of myself and the registrant, I hereby release, discharge and/or otherwise indemnify the Club, their respective officers, directors, coaches, committees, employees and associated personnel, including the owner of fields and facilities utilized for the Programs, of and from any claim, demand, action, cause of action, suit or liability arising as a result of the registrant's participation in the Programs, including the transport of the registrant to or from the Programs, which transportation I hereby authorize.

You must agree to this waiver in order for your child to participate.

- Yes, I agree and will comply with the above statement.
- No, I disagree with that above statement and choose not to participate.

Medical Permission/Waiver:

As parent or legal guardian of the minor named on this form, I, John Smith, hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while participating in Belmont Youth Basketball Assoc. Inc-related activities. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of Michael Smith, a minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

You must agree to the medical permission waiver in order for your child to participate.

- Yes, I agree and will comply with the above statement.
- No, I disagree with that above statement and choose not to participate.

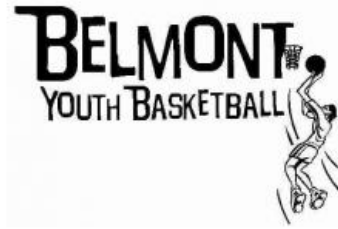
[Continue](#)

[Previous](#)

STEP 9 – REGISTRATION PROGRAM CONFIRMATION

Please confirm your registration selections and then select “Continue to Check-Out” to process your payment or “Register Additional Player” to register another child before proceeding to checkout

Season Registration - Confirmation



Player: Michael Smith

Club: Belmont Youth Basketball Assoc. Inc

Program: 5th-6th Grade Boys

Season: Winter 10/11

Default Liability Accepted? YES

Medical Permission Waiver Accepted? YES

Total: 595

Continue To Check-Out

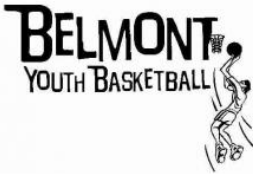
Register Additional Player

STEP 10 – CHECK OUT – PAYMENT METHOD

Specify your payment method.

Please note, BYBA does offer a fee waiver option. If you select “fee waiver”, BYBA requests that you send an email to info@belmontyouthbasketball.com specifying your request.

Check Out



Check Out

Registrations for Winter 10/11

Michael Smith	Winter 10/11 5th-6th Grade Boys	\$95.00	<input type="button" value="Remove"/>
		Total for Michael Smith	\$95.00
		Total for Winter 10/11	\$95.00
		Grand Total	\$95.00

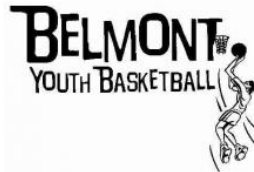
Payment Method

Please select your method of payment using the drop down below.

STEP 11 – PAYMENT by CREDIT CARD

Please specify your credit card information to complete the checkout process.

Payment by Credit Card






[Return to Family Information Page](#)

[Cancel](#)

For Refunds or Questions please contact Belmont Youth Basketball Assoc. Inc registrar.

Name on Card:

Card Number:   

Expiration Date: Card Verification Code:

Card Verification:

On Mastercard and Visa, this is the 3 digit number at the end of the card number imprinted on the signature strip on the back of the card.



On an American Express card, this is the 4 digit number located to the right above the card number on the front of the card.



My Billing Address Is:

Address:

City:

State: Zip:

Total Charges:

[Submit Credit Card Information](#)