

support



Risk Management / Background Check Submission

- All WVSA members that are required to undergo background checks must complete an online Concussion Management Course offered free by US Youth Soccer/CDC or NFHS and will be required to upload a copy of your Certificate showing that you have completed the course during the Risk Management Registration. To complete the course and receive your certificate go to: <u>http://www.wvsoccer.net/resources/concussion_information_safety/</u>
- You will be required to submit your Social Security Number as part of your Risk Management submission.

To begin your Risk Management Registration go to: http://wvsa-rm.affinitysoccer.com

Click on the Registration tab at the upper right to begin

West Virginia Soccer A	Association Risk Management	AFFINITY SPORTS
User Login:	Regi	stration
Forgot Password Tech Support Contact	Welcome to the	ASSOCIATION HOT SHEET
US VOUTH SOCCER.	West Virginia Soccer Association online registration portal for Risk Management Please click Registration at the upper right to begin	App Store

Login or Create New Account

Select registration type(s)	Returning users, please login.
Select a season: *	Remember to select a season & registration type before logging in! Enter Username*
Select registration type(s): *	Nyabgctest Enter Password*
* are required fields	Forgot Username or Password? Login
	Don't have an Account? Create New Account

Your information will appear

Click Continue

				Traducir en Español
dd Family Member >>	Create Registration >>	Accept ELA >>	Make Payment >>	Print Form
Assessment Deinsener Consta	-			
	cl			
Name: Tonya Schle Address: Phone: Email:	egel	Pleas registi be alti conta are ac page.	e add all your missing family memb ered now or later. All added Name, ered during online registration. If pa t info, click Edit to change the info. Idded, then Click Continue and go to	ers who need to be DOB, Emails cannot rents have different Once all members Create Registration
To switch the primary co	ontact, please click <u>Switch P</u>	rimary.		
Add All Your Family Me	mbers To Be Registered			
	If there is no fam	ily member to be added, p	lease click continue.	
Add New	Plaver	Add New Parent/Guardi	an Co	ntinue >>

DOB

Gender

F

Relationship

No Relationship

Edit

<u>Edit</u>

IDNum

72851-780818

Click Register as Coach/Admin

Name

Tonya Schlegel

					Traducir en Español
Add Family Member >>	Create Registration	>> Accept	ELA >> Ma	ake Payment >>	Print Form
Register Only Member	rs Who Participate Thi	s Season (Fall 20	016-2017)		0
Name	ID Num	DOB	Relationship	Registratio	1
Tonya Schlegel	72851-780818		No Relationship	Registe	r as Coach/Admin
If you would like to add members please click th << Back	additional family e back button.		Please family (register at le member abov	ast one re to Continue.

Select Play Level: Risk Management

A message will come up that the Concussion Certificate is Required; click on the 'click here' to go to the upload screen.

West Virginia Soccer Ass	ociation Risk I	Manager	nent				AFFINITY	
		Register Tony	a Schlegel as Admin		8	<u>^</u>	iout SPORTS	
	Tonya Schlegel					n Español		
Add Family Me	Play Level* Risk Manageme	Select	Play Level			t Form	•	
Register Onl		Persona	l Information			· · · · · · · · · · · · · · · · · · ·	•	
Name Tonya Schle	First Name* Tonya	Initial	Last Name*	Suffix		min		
If you would I members plea		here to show	v photo or certificati	on upload*		tinue.		
	Cirk ter upliced photo	ired: 'Cono	cussion Cert' 家				_	

Click on the Click to upload concussion cert. icon to upload your certificate.



Click here to show photo or certification upload* Required: 'Concussion Cert' (2)



Click Browse to find your certificate where it is saved on your computer.

	00000	(Same
West Virginia Soccer Associa	Edit and Upload - Internet Explorer	
	https://secure.sportsaffinity.com/upload/editnupload.aspx?sess	ionguid=9c63166d-431d-49af-b6ef-d93fdr 🔒
Fit	Upload Concussion Name: Tonya Schlegel DOB: Select and view an image/pdf file:	
Add Family M Register Ont	Close	Browse

Once you have located and selected the certificate click Upload Image

	Fir	Upload Concussion Name: Tonya Schlegel DOB:		^
		Use editing tools to adju	ist image, then click "Upload	Image" to upload
Add Family M	Ge	Select image area to crop	Resize image to	Rotate (clockwise)
		Сгор	50 🔽 % Resize	Rotate
Register Onl		Undo to original	Load Other Image	Upload Image
Name	- 4524	Selected Image:		
Tonya Schle		HEADS	UP SALA	
If you would l members plea		CONCUSSI IN YOUTH SPOR	ON ITS	
			HEA	DS UP!
			CONCUSSION	IN YOUTH SPORTS
List Of Regis				
	Ad		AW	AKUED TU:
Name			Tonya	a Schlegel
	Ad	-		~
		<		E COMPLETION OF

The system will display a small image of your certificate



Click here to show photo or certification upload* Required: 'Concussion Cert' (2)



Complete all required fields

Enter the issue date of your Concussion Certificate

Select which League or Club you are affiliated with

Click Save & Next Page

_		_
List Of Regis	League & Club Detail Additional Information What is the issue date of your Heads Up Concussion Cert? (MM/DD/YYYY)*	•
	08/01/2016	
	Which League or Club are you affiliated with?*	
	Affinity Empire Demo Club (SID#7727973)	
	Save & Register Another Save & Next Page	
	Cancel	
	*Required **Just One Required	
	~	

Check off the I accept checkbox to agree to all Waivers (ELA – Electronic Legal Agreements)

Virginia So	ccer Association Risk Ma	anagement		3	AFFIN SPOR
				Traducir en Español	
Add Family Men	iber >> Create Registration >>	Accept ELA >>	Make Payment >>	Print Form	
Accept ELA					
L Accept	1 of 7 Coaches - Asst Coaches - Mg 3.10 YOUTH CONTRACTS AND RELEASE with any player that does not appear on his o regulations, unless permission is granted by players may not participate in any manner. (of the seasonal year (September 1 through A registered. Any player requesting and failing his playing association, who must render a d directly to West Virginia Soccer Association a player or the player's representative or any the player is rostered to another team repress or club without the express written consent c Association. 3.10.6 Complaints of violations. 2 of 7 Coaches Code of Ethics	grs 3.10 S 3.10.1 No coach, assistant coar current WVSA roster if he is not or the player's club. (Note: the abov 11/93) 3.10.2 Any player desiring August 31) must obtain a written to receive said release writtin sev lecision within seventy-two hours. to be acted upon immediately. 3.1 swer questions they must inquire i here can be no communication wi obtained on a PTS form or through entative, registered player or pare of the present club. Persons denie of section 3.10.3.10.6.1. If the con	ch, trainer or team representative m onsidered to be a free agent by curr e does not include indoor soccer. (' to be free of his contractual obligat elease from the club with which he i "The member association's decision (0.3 Before any person may discuss if the player is presently rostered to the the player until permission is give n the WV/SA online registration syst int may approach any player to leav d such permission may appeal to V nnlaint is inter-association then the J	iay practice or play tent WVSA rules and is currently ease directly from n may be appealed s joining a team with any other team. If any other team. If any other team team we his present team Vest Virginia Soccer complaint will follow	
	West Virginia Soccer Association CODE OF Association affiliated club or the Olympic De should always temember the influence that he Soccer Association shall determine that a to suspend, or remove the coach. 1. Soccer is i welfare, enjoyment and safety of their player While striving to win, a coach should deal ho remaining free to make decisions based on 1 players to strive for success while playing fai game. 3. Coaches shall treat officials with re worthy of being treated with respect. Coacht both victory and defeat, the behavior of a co	ETHICS FOR COACHES Coach velopment Program is a high privi cal character and should serve as or she has over young athletes. T arch has failed to fulfill these expe- the players" game. The paramou rs. A coach should never place win nestly and fairly with players with the best interests of the team as a irly with the highest levels of spuers spect and dignity, and shall teach as will model arcse, dignity and ach shall model arcse, dignity and and shall model arcse, dignity and sch shall model arcse, dignity and sch shall model arcse, dignity and	ing a team of young athletes for a V liege that carries with it great respor a role model for the players. If at an totations and standards, that shall b nning above character or good treat regard to team selection and playin whole. 2. Coaches bear responsib ismanship, observing the laws and their players to do the same. 4. Ou onents and expect their players to do composure. 6. Coaches shall adh	Vest Virginia Soccer sibility. A coach or her team. A coach y time West Virginia e cause to discipline, c development, tment of athletes. It the spirit of the r opponents are to likewise. 5. In ere to the highest	

Then click the Agree & Continue button



Click on the "No payment due, Continue" button

t Virginia Soccer	Association Risk Mar	nagement		2	AFF
				Traducir en Español	
Add Family Member >>	Create Registration >>	Accept ELA >>	Make Payment >>	Print Form	I
Make Payment					
Registration Fe	e				
Items Ordered	No item	s in order.			
Payment Method* Choose One	<u> </u>				
Cor	ntinue >>				
No fee due: Please m	nake sure a fee is not needed	and click the Continue	button below.		
No Payment	due, Continue >>				

Click the Submit Background Check button. You will be taken to a page to enter your SSN# and finalize your submission.

Print Form	
West Virginia your backgroo submit your S	Soccer Association has partnered with the background check company JD Palatine to run Risk Management. In order to process und check your Social Security must be provided to JD Palatine. Please click the Background Check Submission button below to Social Security number for processing. Your Risk Management application is not finalized until this is completed.
	Submit Background Check
	Print Receipts & Forms

Enter your SSN# and click Submit BGC. Click Submit only once.

	Please I Y	make sure the person ou will be charged for	Background you submit to l revery submit e	I Checking background check has co even if the name or DOB is	rrect name, DOB. s incorrect.	
lease only su	ıbmit one time, you	ır order status will be p	ending.			
Person to	be checked:					
ast Name chlegel	First Name Tonya	Middle Name	DOB	Driver License	BGC Account:	
JD Palatine	Enter admin's	SSN: * Required	omit BGC			
Backgrou	nd Checking Res	ults				
		Who		Date		

A message will come up confirming you wish to submit. Click OK

Message from	m webpage				
Please submit only once. A fee is associated with each submission. Your order status will remain as "Pending" until the background check comany reviews your submission. Are you sure?					
	OK Cancel				

The process is now complete and you can click Logout at the top of the page or close the browser. Your order status (the status of your background check) will remain pending until it is reviewed by the background check company, this can take approximately 24 hours.

Background Checking has been sucessfully submitted. Background Checking Results						
Detail 😑	Product JD Palatine	Who Submitted Tonya Schlegel	Date Submitted 08/08/2016	OrderID		
Order ID: ORDER STATUS: PENDING						