



## Volunteer Risk Management Application (RMA) Instructions

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. 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=>

If you require additional assistance with your account, you can click "Tech Support Contact" to contact technical support:

[Click Here](#) or call 888-213-3999

### RMA registration link:

[www.wys-bgc.affinitysoccer.com](http://www.wys-bgc.affinitysoccer.com)

### Step by Step Registration Guide:

Go to [www.wys-refereerma.affinitysoccer.com](http://www.wys-refereerma.affinitysoccer.com):

WASHINGTON YOUTH SOCCER

WASHINGTON YOUTH SOCCER

US YOUTH SOCCER

Registration Tournament Gaming

Washington Youth Soccer Background Checking

Please click on the registration tab to get started.

HOT SHEET

Affinity Sports iPhone App for schedules is available to download for free. Click [here](#) for more info...

Links:

[www.washingtonyouthsoc](http://www.washingtonyouthsoc)

WASHINGTON YOUTH SOCCER



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Select the "RMA Registration" checkbox and login to your Affinity account, or create a new account:



Please check the registration type Background Check and login with Option 1 or create a new account with Option 2

If you already have an account in the Affinity Sports system you can login with Option 1.

Click the Forgot Username / Password link if you think you have an account but dont know your username / password.

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

Select registration type(s)

Season: Fall 2013-2014

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

RMA Registration

\* are required fields

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

Username\* Password\*


Login

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

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

Create New Account

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




[Logout](#)

5 Steps To Go    1: Add Family Member >>    2: Create Registration >>    3: Accept ELA >>    4: Make Payment >>    5: Print Form [?](#)

**Account Primary Contact**

Name: Mother Testparent  
 Address: 123 Street City, WA 12345  
 Phone: (123) 123-1234(h) (123) 123-1234(w)  
 Email: none@all.com

**Add All Your Family Members To Be Registered**

Name	IDNum	DOB	Gender	Relationship	
Mother Testparent	61676-912007	04/16/1956	F	Father	<a href="#">Edit</a>
Father Testparent	44707-016000	01/01/1933	M	Father	<a href="#">Edit</a>
PlayerA Testparent	48557-666203	01/01/2000	M	Player	<a href="#">Edit</a>

Continue >>

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



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

Register Only Members Who Play This Season ( Fall 2013-2014 )				
Name	ID Num	DOB	Relationship	Registration
Father Testparent	44707-016000	01/01/1933	Father	<input type="button" value="Register as Coach/Admin"/>
Mother Testparent	61676-912007	04/16/1956	Father	<input type="button" value="Register as Coach/Admin"/>
PlayerA Testparent	48557-666203	01/01/2000	Player	--
If you would like to add additional family members please click the back button				<input type="button" value=" &lt;&lt; Back"/>

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

Select the Background Check play level option from the play level drop down and complete the required fields requested including Drivers License information:

register Father Testparent as Admin

**Father Testparent**

**Select Play Level**

Play Level\*

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**Personal Information**

First Name\*    Initial    Last Name\*    Suffix  
           

Gender\*    Birthdate\*  
           

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**Address Information**

Address Line1\*

Address Line2

City\*    State/Province\*    Zip/Postal Code\*  
       

Home Phone\*\*    Cell Phone\*\*  
   

Work Phone\*\*    Fax  
   

Email Address\*

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**ID Information**

ID Type    Drivers License Number\*    State\*



# Volunteer Risk Management Application (RMA) Instructions

Click the continue button on the next page:

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

Register Only Members Who Play This Season ( Fall 2013-2014 )				
Name	ID Num	DOB	Relationship	Registration
Father Testparent	44707-016000	01/01/1933	Father	Registering Now
Mother Testparent	61676-912007	04/16/1956	Father	<input type="button" value="Register as Coach/Admin"/>
PlayerA Testparent	48557-666203	01/01/2000	Player	-

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
Father Testparent	44707-016000	01/01/1933	Background Check		AD	Remove

Read and Accept the Electronic Legal Agreements:



Please review the language below and acknowledge agreement.

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

**Accept ELA**

**1 of 1 Authorization for Background Check**

I understand that:

- a. Washington State Youth Soccer Association may deny a clearance to any person who has been convicted of a felony, crime of violence or a crime against a person.
- b. In applying to Washington State Youth Soccer Association (WSYSA), the information I have furnished on this form is subject to verification, which will include a criminal history check.
- c. This is a reoccurring verification process and by submitting this application, that I (the applicant) authorize Washington State Youth Soccer Association (WSYSA) to continue the verification process until I (the applicant) revoke this authorization in writing.
- d. By signing this application, that I (the applicant) assume the responsibility of notifying Washington State Youth Soccer Association (WSYSA) of any changes to the information contained within this application.

I Accept By signing and submitting this application to Washington State Youth Soccer Association (WSYSA) I authorize Washington State Youth

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Your Firstname\*      Your Lastname\*



# Volunteer Risk Management Application (RMA) Instructions

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



Your submission has been completed.

You can login to My Account to check the status of your background check.

- Completed!
- 1: Add Family Member >>
- 2: Create Registration >>
- 3: Accept ELA >>
- 4: Make Payment >>
- 5: Print Form

**Print Form**

Click to Get Adobe Reader

## To review your RMA status:

Logging into to "My Account" you will see your information and the status of your RMA

Risk Status / Expire Date will show your RMA status and the date that this expires. Your RMA will also include an RMA# associated with your profile:

**My Account**

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**My Info**

**Sample Sample**  
 123 Street  
 City, WA 12345  
 W: (555) 555-5555  
 H: (555) 555-5555  
 C: (555) 555-5555  
[Edit](#)

RMA Status  
and RMA  
Number

Registration Applications						
Name	Club	ApplicationStatus	Playlevel	RiskStatus/ExpireDate	ApplicationDate	Forms
<a href="#">A</a> Sample Sample	Demo Club	N/A	N/A	Approved 7/15/2014 RMA#:44707-016000	7/22/2013	
<a href="#">A</a> Sample Sample	Background Checking	N/A	N/A	Approved 7/15/2014 RMA#:44707-016000	7/9/2013	<a href="#">E</a>



## Volunteer Risk Management Application (RMA) Instructions

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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](mailto: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**

**Kristen Phillips** - RMA Support

[Kristen@washingtoneyouthsoccer.org](mailto:Kristen@washingtoneyouthsoccer.org)

253.944.1607