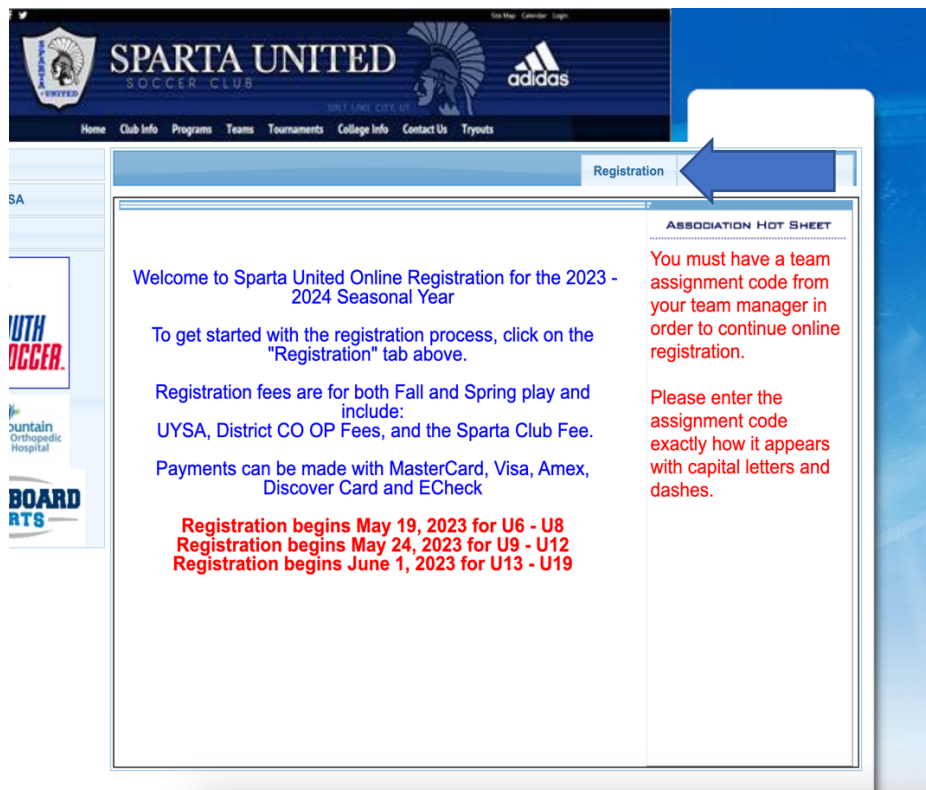
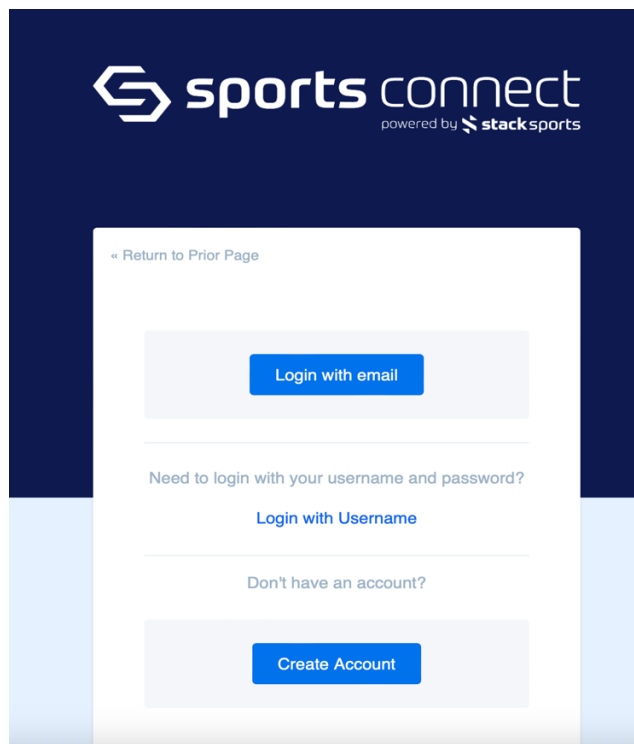


1. Obtain your team assignment code from your team manager or coach.
2. Navigate to uysa-spartad3.sportsaffinity.com
3. Click on the registration tab.



4. Log in to your account. If you have already played with UYSA or if you signed up for tryouts, you already have an account.



5. Check player registration and continue. If you are registering as a coach or team manager click on coach/admin registration.

[<< Back to Main Page](#) [Traducir en Español](#)

Tip: Hover your mouse over the 'Help' icons to get useful information! ?

Select registration type(s)

Select a season: *

Fall 2023/Spring 2024

Select registration type(s): *

☒ Player Registration

☐ Coach / Admin Registration

* are required fields

[Continue >>](#)

6. Click continue if your child is listed Click Add new Player if you need to add a child.

Account Primary Contact

Name: Gerald Ford
Address: 445 Hickory Ave Sandy, UT 84092
Phone: (801) 555-7474(h) (801) 222-3456 (c)
Email: shajnsiddoway@msn.com

Please add any new family members as needed. To update an existing member's contact info, click 'Edit'. A profile's name, DOB and email cannot be changed in this process. Click 'Continue' to proceed to the registration page.

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

Add All Your Family Members To Be Registered

If there is no family member to be added, please click continue.

[Add New Player](#) [Add New Parent/Guardian](#) [Continue >>](#)

Name	IDNum	DOB	Gender	Relationship	Edit
Gerald Ford	38611-719480	11/21/1972	M	Father	Edit
Mikki Ford	57264-644710		M	Father	Edit
Mikki Ford	23402-195669	01/01/2014	M	Player	Edit
John Ford	55333-988766	03/04/2017	M	Player	Edit
Kyle Ford	57015-120140	02/05/2016	M	Player	Edit
Gerry Ford	99596-206738	01/01/2012	M	Player	Edit
Ophelia Ford	79725-245930	04/13/2013	F	Player	Edit
Stud Ford	14481-838521	02/10/2015	M	Player	Edit
Imon Fire	41291-175948	12/13/2000	M	Player	Edit

7. Click the Register as Player tab next to the player(s) you want to register.

Name	ID Num	DOB	Relationship	Registration
Gerald Ford	38611-719480	11/21/1972	Father	--
Mikki Ford	57264-644710		Father	--
Angie Test	87408-619296	06/06/2013	Player	Register as Player
Carol Ford	27210-699528	02/05/2006	Player	Register as Player
Eden Ford	99705-028692	02/04/2008	Player	Register as Player
Fred Ford	88208-506536	05/05/2001	Player	DOB out of Range
Gerry Ford	99596-206738	01/01/2012	Player	Register as Player
Ginger Ford	21709-707776	05/06/2009	Player	Register as Player
Ian Ford Test	92992-875262	05/05/2002	Player	DOB out of Range
Imon Fire	41291-175948	12/13/2000	Player	DOB out of Range
John Ford	55333-988766	03/04/2017	Player	Register as Player
Kyle Ford	57015-120140	02/05/2016	Player	Register as Player
Mike Ford	62189-385647	03/06/2007	Player	Register as Player
Mikki Ford	23402-195669	01/01/2014	Player	Register as Player
Ophelia Ford	79725-245930	04/13/2013	Player	Register as Player
Samantha Ford	53237-400779	03/02/2005	Player	Register as Player
Sarah Ford	74753-738442	02/09/2010	Player	Register as Player
Shelby Ford	11022-290563	02/02/2011	Player	Register as Player
Stud Ford	14481-838521	02/10/2015	Player	Register as Player

8. Enter the assignment code given to you by the coach or team manager. Click continue.

Register Kyle Ford as Player

Kyle Ford

Team Assignment Code

An Assignment Code is a system generated code for every team member on each team.
Using this code will allow system to roster the member to the specific team.
You must get the code from your team manager or registrar.
Player Assignment code looks like XXXX-XXXX-PLXX (X is a number)
Admin Assignment code looks like XXXX-XXXX-DCXX (X is a number, DC can be HC, AC, TM, or TA)

Enter Team Assignment Code*

Submit Assignment Code

*Required **Just One Required

Cancel

9. Upload a picture of your player. Click on the click to upload and follow those directions. The picture needs to be a passport type picture

Sparta B16 Academy AP

Personal Information

First Name* Initial Last Name* Suffix

Kyle Ford

Gender* Birthdate*

Male February 05 201

 Click here to show photo or certification upload*
Required:
***Profile Photo** 

Click to upload Profile Photo Click to upload Birth Certificate Click to upload SafeSport C

Country of Birth

Country of Citizenship

Has this player played outside of the U.S.?

10. Enter Emergency Contact info and answer question by clicking Yes or No and then Save to register another player or save and next page.

Emergency Contact Information

Person to Notify in Emergency* Telephone*

Doctor to Notify in Emergency Telephone

List any medical problem/prohibition player has

Association Additional Information

Utah Youth Soccer Association is offering a FREE CaptainU recruiting profile as part of your recruiting partner of Utah Youth Soccer and has already helped over 3 million high school si

☐ Yes- Please send me an email to set my password and login to my free CaptainU profile

☐ No- Do not set me up with a free CaptainU recruiting profile

*Required. **Just One Required

Save & Register Another Save & Next Page Cancel

11. Read and accept all ELAs. You can print them and then Agree and Continue.

☒ I Accept

10 of 11 UYSA Player Transfer Policy

By registering with this team I acknowledge and agree to the UYSA Transfer Policy. I am committed to this team for the entire seasonal year. Transfers outside the Transfer Window are presumed to be prohibited. Transfer requests outside of the transfer window may be made only for exceptional circumstances and must be approved by the UYSA League Commissioner. The open Transfer Window runs from November 15 to January 15.

To view the complete release and transfer policy, click the link below and visit section 7327.

[UYSA Registration Policies](#)

☒ I Accept

11 of 11 UYSA REFUND POLICY

The UYSA registration fee and Legacy Fields Fee is not refundable. The state competition league fee is refundable before alignment for the season in which a refund is requested has taken place.

☒ I Accept

Your First Name*
Gerald

Your Last Name*
Ford

<< Back

Print

Agree & Continue >>

```
graph LR; Print[Print] --> Agree[Agree & Continue >>];
```

12. This is the payment page. Choose pay in full or payment plan ant Continue

Make Payment

Registration Fee

Donation
Please consider donating to Sparta United Soccer Club. Sparta is a 501(c)(3) organization. Funds donated can be written off as charitable contributions according to your accountant. Thank you for your consideration.

Amount
☒ \$0 ☐ \$10.00
☐ \$100.00 ☐ \$15.00
☐ \$25.00 ☐ \$35.00
☐ \$50.00 ☐ \$75.00

Utah Youth Soccer Donation
Utah Youth Soccer works hard to improve the soccer experience for all members in Utah. If you would like to help financially support our efforts to improve and develop fields and provide scholarships and financial assistance to our players, please donate any amount below. Utah Youth Soccer and our community truly appreciate your support.

Amount
☒ \$0 ☐ \$10.00 ☐ \$25.00
☐ \$50.00

Items Ordered

Product	Promo Code	Qty	Subtotal
✓ Kyle Ford, Club Fee, Under 9 ,X_League		1	900.00
✓ Kyle Ford, CO-OP Fee, Under 9 ,X_League		1	70.00
✓ Kyle Ford, UYSA League Program Fee, Under 9 ,X-League		1	42.00
✓ Kyle Ford, UYSA Membership and Legacy Field Fee, Under 9 ,X-League		1	53.00

Add Promo Code Discount

4 item(s) totaling:

Order Total:

Total Due:

1,065.00

1,065.00

1,065.00

Payment Method*

Choose One

Continue >>

13. You are finished. Print off the registration form and give it to the team manager. Also provide the manager with a copy of the child's birth certificate if this is the first time they have played for a club/team in UYSA.

14. The processing fee will calculate depending on method of payment. Click on continue after choosing your payment method. Click on continue.

Item	
	4 item(s) totaling: 1,065.00
	Processing Fee: 33.02
	Order Total: 1,065.00
	Total Due: 1,098.81

Payment Method*
Payment Plan
Payment Plan Payment Method*
American Express
Select Payment Plan Schedule*
5 Installment(s)

#	Date	Amount
1	05/22/2023	\$360.85
2	06/15/2023	\$190.74
3	07/15/2023	\$190.74
4	08/15/2023	\$190.74
5	09/15/2023	\$190.74

Billing Address 1*
445 Hickory Ave
Address 2

Country*
United States of America

City*	State/Province	Zip/Postal Code*
Sandy	UT	84092

Name as it appears on Credit Card*

American Express #*

Expiration Month / Year *
Select Month ---- / Select Year ----
Card Verification Number*
(On the back of your card, locate the final 3 digit number)
[Help finding Card Verification Number | Using Amex?](#)
Continue >>