

Logging in and creating a new account for players.

1. Go to ky-ncysa.sportsaffinity.com and click the registration button.

Nelson County Youth Soccer Association

Registration

Welcome to Nelson County Youth Soccer Association Online Registration System

Fall 2015 Registration is now OPEN.

For help with online registration please click [here](#).

Please sign up to coach by clicking [here](#).

If you have any general registration questions, please contact Lyle Hall at NCYSAregistrar@gmail.com or 502-275-1007.

ASSOCIATION HOT SHEET

Available on the App Store

See Birth Year Chart below for the age group your child will play in.

Registration fee includes shirt, field maintenance, referee, supplementary insurance and administrative fees

Registration for Fall 2015 Season is online only from May - June 30, 2015. A \$25 late fee will be charged for registrations July 1 - July 5, 2015.

Please fill out Medical Release Form below and bring to your child's first practice and give to the coach.

Please Volunteer to Coach!!

Forms:

[Birth Year Chart](#)

[Medical Release Form](#)

2. Click the "Create New Account" button if you've never played with NCYSA before.

b. If you have played with NCYSA prior to Fall 2014 you're information may already be in the system, follow the instructions found returning player instructions.

Nelson County Youth Soccer Association

If you played in the Fall 2013-2014 and Spring 2014 your information might already be in the system. Please click on 'Forgot Username and Password' and the system will send you your login information. If you do not receive an email please contact Affinity Sports at 855-259-3466.

<< 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: *

2015-2016 Seasonal Year

Select registration type(s): *

Player Registration

* are required fields

Returning users, please login.

Remember to select a season & registration type before logging in!

Enter Username*

Enter Password*

[Forgot Username or Password?](#)

Login

Don't have an Account?

Create New Account

3. Enter your information . Make sure to write down you username and password. Click “Save and Continue

Create New Account

Parent or Guardian First Name*	Initial	Last Name*	Suffix
test		test	▼

Gender*	Relationship To Child*
Male ▼	Father ▼

Address Line 1*

test

Address Line 2

City*	State/Province*	Zip/Postal Code*
test	KY ▼	11111

Home Phone**	Cell Phone**
1111111111	1111111111

Email Address*

test@gmail.com

Username*

test

Password*

Confirm Password*

<< Cancel

Save & Continue >

* are required fields
**at least one is a required fields

4. Add another parent by using the “Add New Parent/Guardian” buttons.
 - a. Make sure the parent who is involved in scheduling the child a way to practice and games is the primary contact. This is very important for when the coach needs to contact you throughout the season.

Nelson County Youth Soccer Association Logout

Traducir en Español

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

Account Primary Contact

Name: Test Test
Address: test test, KY 11111
Phone: (111) 111-1111(h) (111) 111-1111 (c)
Email: test@gmail.com

Please add all your missing family members who need to be registered now or later. All added Name, DOB, Emails cannot be altered during online registration. If parents have different contact info, click Edit to change the info. Once all members are added, then Click Continue and go to Create Registration page.

To switch 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.

Name	IDNum	DOB	Gender	Relationship	
Test Test	71330-892967		M	Father	Edit

5. Add a player by using the “Add New Player” button.

Traducir en Español

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

Account Primary Contact

Name: Test Test
Address: test test, KY 11111
Phone: (111) 111-1111(h) (111) 111-1111 (c)
Email: test@gmail.com

Please add all your missing family members who need to be registered now or later. All added Name, DOB, Emails cannot be altered during online registration. If parents have different contact info, click Edit to change the info. Once all members are added, then Click Continue and go to Create Registration page.

To switch 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.

Name	IDNum	DOB	Gender	Relationship	
Test Test	71330-892967		M	Father	Edit

6. Input the information for your child and click "ADD"

Add New Family Member ✕

New Player Info:

First Name*	Initial	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	Test	<input type="text" value="v"/>

Gender*

▼


Birthdate*

<input type="text"/>	<input type="text"/>	<input type="text"/>
▼	▼	▼

*Required

Cancel

Add




7. To register you child for the upcoming season click on "Register as Player"

[Traducir en Español](#)

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

Register Only Members Who Participate This Season (2015-2016 Seasonal Year)

Name	ID Num	DOB	Relationship	Registration
Test Test	71330-892967		Father	--
Childtest Test	69538-831344	08/03/2007	Player	Register as Player



If you would like to add additional family members please click the back button.

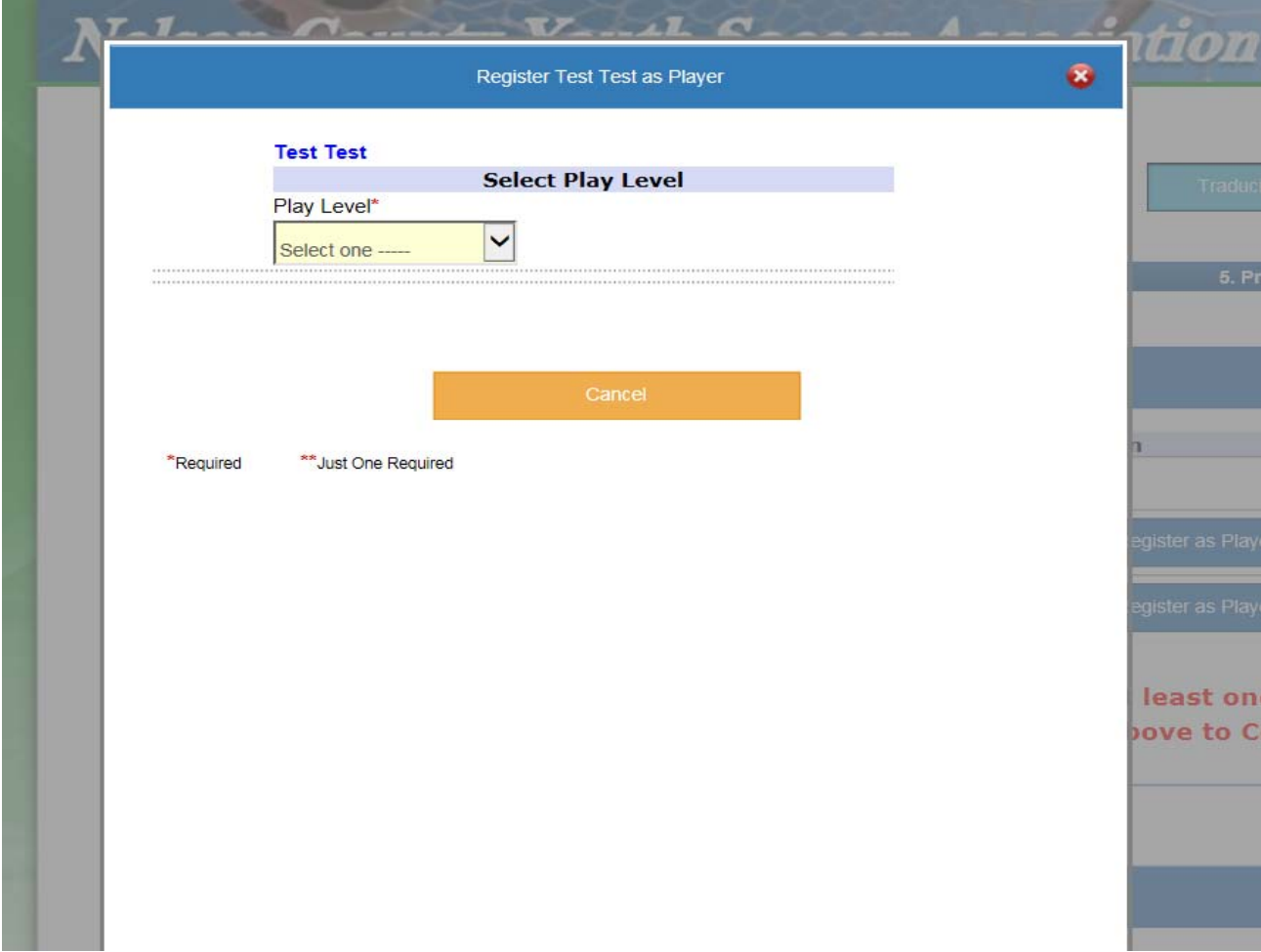
<< Back

Please register at least one family member above to Continue

List Of Registrations Just Created

Name	IDNum	DOB	PlayLevel	AgeGroup	RegType	Remove

8. Select "Recreational" for Play level. Next slide will pop-up.



9. Birth Certificate will need to be upload. Make sure you upload in the right icon. Photo of child is not needed. Also Emergency contact information will need to be inputted. If registering another click “Save & Register Another”. If not register another child click “ Save & Next Page

Register Childtest Test as Player ✖

Childtest Test

Select Play Level

Play Level* Recreational	Age Group* Under 08
-----------------------------	------------------------

Personal Information

First Name* Childtest	Initial	Last Name* Test	Suffix ▼
Gender* Male	Birthdate* August	03	2007

Click here to show photo or certification upload*
Required: 'Birth Cert.'

Click to upload photo

Click to upload BC

of Prior Seasons Played

Shirt Size*

Emergency Contact Information

Person to Notify in Emergency*	Telephone*
Doctor to Notify in Emergency	Telephone

List any medical problem/prohibition player has*

Club Additional Information

If Female: Would you be willing to play on a Mixed team? Note: U-14 and above are mixed teams

Yes No

Played NCYSA before?

Yes No

Special Requests: Ex: Sister to play on brothers team within same age group or do not want to play for Coach. Note: We will not honor request to play for a certain team or coach

Save & Register Another

Save & Next Page

Cancel

*Required **Just One Required

10. You will need to complete the registration by following the directions and submitting payment as detailed.