

Welcome to our new website.

Logging In: Everyone will need to create a new account when logging in for the first time to register a player

The screenshot shows the website for Leeward AYSO Region 269. The URL in the browser is www.ayso269.org/region269. The page features the American Youth Soccer Organization (AYSO) logo on the left, which includes the text "AMERICAN YOUTH SOCCER ORGANIZATION" and "FOUNDED 1964". To the right of the logo is a colorful graphic for "LEEWARD" with the names "LAVOEE" and "HAKARIE" and "FOOTBALL" written on it. Below the logo and graphic is the text "LEEWARD AYSO REGION 269". In the top right corner, there are social media icons for Facebook, YouTube, Twitter, and a share icon, followed by "LOGIN" and a "REGISTER NOW" button. The "REGISTER NOW" button is circled in red, and a blue arrow points from a green callout box on the right to it. The callout box contains the text "Click on 'Register Now'". Below the navigation bar, there are six menu items: "HOME", "REGISTRATION", "SIGN ME UP!", "PROGRAM INFORMATION", "VOLUNTEERS", and "BOARD MEMBERS". The main content area features a large image of children playing soccer, with a diagonal line separating the image into two sections. Below the image are six columns of text: "EVERYONE PLAYS", "BALANCED TEAMS", "OPEN REGISTRATION", "POSITIVE COACHING", "GOOD SPORTSMANSHIP", and "PLAYER DEVELOPMENT". The "GOOD SPORTSMANSHIP" column is highlighted in blue.

Creating a New Account



NOTE: Once you've created an account, you will receive an email from Region 269 welcoming you to our region.

Create New Account

First Name

Last Name

Email Address

Create Username

Password

Confirm Password

Create Account!

Enter your name and email address for your new account.

Create a user name and password. You will need this each time you log on to our website.

Primary Parent / Guardian Information

Primary Parent/Guardian Information

 Upload Photo

Name
Email Address
User Name

Gender*

Select your relationship to your participants*

Job*

Employer*

Address*

Address Unit

City*

State*

ZIP Code*

Home Phone*

Cell Phone*

Secondary Email Address

Account Information

How did you hear about us

Primary Parent/Guardian Email Address, and User Name will appear here.

Enter information for the Primary Parent/Guardian.

Fields with a red asterisk (*) indicates that these fields are required to be completed.

Click "Continue" when above information is completed.

Which Best Describes You?

Make a selection that best describes you.

- Are you registering a player?
- Are you registering as a volunteer?
- Are you registering to participate in an activity? (e.g., Adult League)

been saved.

Which best describes you?

  

I am a parent or guardian registering a participant

Select this option if you are registering a participant in an activity. You'll also have the option to volunteer or sign up as a team coach or other personnel here.

I am a team coach or other team personnel

Select this option if you want to skip registering a participant and only sign up to coach or volunteer.

I am registering myself in an activity

Select this option if you are registering yourself as a participant in an activity.

Guardian Info

Photo

Gender

your relationship
your participants

Job

Summary

Registration:

Subtotal:

North
SECUR

powered by Sym

ABOUT US
CERTIFICATION

Registering a Player (Participant)

The screenshot shows a web form titled "Add New Participant". At the top, there is a question: "Is the participant the same as the primary account holder?" with a "No" radio button selected. Below this is a photo upload section. The form includes fields for Gender, First Name, Middle Name, Last Name, Suffix, Nickname, Date of Birth (Month, Day, Year), Email Address, and Cell Phone. A second question follows: "Is the participant's address same as the primary account holder?" with a "No" radio button selected. Below this are fields for Address, Address Unit, City, State, and ZIP Code. At the bottom, there are buttons for "Add Another Participant", "Back", and "Continue". Red circles and arrows highlight the "No" radio buttons and the "Continue" button.

- This should be "NO" if you are registering your child.
- Complete the information for the player (participant) you are registering.

- If the player's address is the same as the primary account holder, change this to "YES" and the address will auto-populate.

Click "Continue" when above information is completed.

Available Programs

◀ Back to My Account / Logout

Region 269

Account Details Add Participants Program Information 3

Registration Notes

Price shown below may not include any additional applicable fees. View your shopping cart for further details.

Programs Available for [Child Name]

2017 Fall Core Activity Type: Soccer

12U-Girls (11 and 12 yrs old)

1 Start and End Dates: 08/01/2017 & 11/18/2017

Early Bird Registration Discount Available!

\$72.50 + REGISTER

+ Add Another Participant

« Back Continue »

- The available programs for your child will be listed.
- Click on “Register” next to the program in which you are registering your child. This will change to “Selected”.

Note: In some cases, there may be more than one program available for your child (e.g., 5-yr olds are eligible to register in Playground, Schoolyard, or 6U)

Click “Continue” when above information is completed.

Player / Participant Information

 Program Information needed for

Emergency Contact First Name*

Emergency Contact Last Name*

Emergency Contact Phone number*

1 2017 Fall Core 12U-Girls (11 and 12 yrs old) Gracie Peterson

Mailing Address* 60 Characters Remaining

Medical Release

I accept the waiver

Mailing City*

Mailing State*

Mailing ZIP*

Physician Name 50 Characters Remaining

Physician Telephone

School Name

Insurance Company 40 Characters Remaining

Insurance Policy # 50 Characters Remaining

Insurance Policy Holder

Continue completing Player (Participant) information.

Note: Scroll down to complete to see all input fields.

Fields with a red asterisk (*) indicates that these fields are required to be completed.

Player / Participant Information (cont'd)

30 Characters Remaining

Years of Experience?

Height

Weight

Uniform Size

Jersey Size*

Shorts Size*

Physical conditions of which the staff should be aware*

500 Characters Remaining

Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment. I warrant and acknowledge that I am the parent or legal guardian of the player named on the reverse side of this application, a minor ("Player") and that I am authorized on behalf of myself, Player and our heirs, assigns and next of kin, to hereby enter into the following agreements IN CONSIDERATION OF Player's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the American Youth Soccer Organization ("AYSO").

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the Regional Commissioner as soon as possible thereafter.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer Assumption

Continue completing Player (Participant) information.

Note: Scroll down to complete to see all input fields.

Fields with a red asterisk (*) indicates that these fields are required to be completed.



Player / Participant Information (cont'd)

Continue completing Player (Participant) information.

After reading the “Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements,” click on this box indicating that you accept the waiver.

In addition to uniforms, all players will be give one (1) practice shirt. If you would like to purchase an extra shirt, select “Yes”. The fee will be added to your total.

The screenshot shows a registration form with several sections. At the top, there is a large text area containing legal disclaimers and consent agreements. Below this, there are two sections for accepting waivers, each with a radio button labeled "I accept the waiver". The second section is titled "AYSO Membership Fee Information" and includes details about the non-refundable fee and a list of annual membership benefits. Below the fee section is a question: "Would you like to purchase an extra training shirt?" with radio buttons for "Yes" and "No". At the bottom right of the form, there is a "Continue" button. Red arrows and boxes highlight the two "I accept the waiver" radio buttons, the "Yes" radio button for the extra shirt, and the "Continue" button.

There is a “non-refundable” AYSO Membership Fee that will be added to the registration fee. After reading the information, click on this box indicating that you accept the waiver. *(This fee is a National Fee and not collected by the region.)*

Click “Continue”

Electronically Sign the Registration

All registration applications must be electronically signed (aka e-signature).

Region 269

DICK'S TSHQ

Account Details Add Participants **3** Program Information 4 Confirm and Checkout

E-signature for [Redacted]

2017 Fall Core 12U-Girls (11 and 12 yrs old)

Click Here to eSign Form

« Back Continue »

Cart Summary

Registration:	\$90.00
Cart Subtotal:	\$90.00

View My Cart

Norton SECURED
powered by Symantec
ABOUT SSL CERTIFICATES

Need Help?

Leeward AYSO Region 269
P.O. Box 700826
Kapolei, Hawaii 96709
Phone: 808-277-1063
webayso269@gmail.com

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our Registration F.A.Q.

This is your cart summary total.

Click here to apply your e-signature.

Electronically Sign the Registration

Scroll down through the application and ensure that all entered information is correct.

- o Please scroll down & click the checkbox to indicate you agree to use electronic signatures.
- o Type your name to electronically sign this document.
- o Finally, scroll down and click the CONTINUE TO REVIEW button at the bottom of this page to proceed to the final page.

American Youth Soccer Organization www.ayso.org				Player Registration Form	
Region Number 269		Division 12U-Girls (11 and 12 yrs old)	Check if a VIP Player _	Membership Year: MY2017	
AYSO ID #					
Player					
First Name Player First Name	Middle Name	Last Name Player Last Name	State	Area Code	Telephone 808-674-4567
Nickname	Street Address 1234 Street Address	City Kapolei	State Hawaii	Zip Code 96707	
Mailing Address (if different from street address) 1234 Street Address		City Kapolei	State HI	Zip Code 96707	
Emergency Contact (other than parent) Name of Emergency Contact		Area Code 808	Emergency Telephone 674-1234	Physician Name	Physician Telephone
Gender _ Boy <input checked="" type="checkbox"/> Girl	Birthdate 2/13/2006	Age 11	School Name	Family E-mail address mpeterson96707@gmail.com	
Medical Insurance Carrier Policy # HMSA	Siblings to play with:		Parent Injuries or Minor Physical Limitations or other medical condition the coach should know about: None		
Yrs of Experience	Height	Weight			
Region Specific Message:					
If Player is a minor, provide Parent/Guardian #1 _ Father _ Mother _ Guardian <input checked="" type="checkbox"/> Other					
First Name Parent or Guardian First Name	Middle Name	Last Name Parent or Guardian Last Name	State Hawaii	Zip Code 96707	E-mail Address Parent@gmail.com
Address (if different from player) 1234 Street Address		City Kapolei			
Employer Name of Employer	Area Code 808	Business/Cellular Telephone 674-1234	Area Code 808	Home Telephone 674-4567	AYSO is an all volunteer organization. I am a <input type="checkbox"/> Coach <input type="checkbox"/> Assst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other
If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.					
If Player is a minor, provide Parent/Guardian #2 _ Father _ Mother _ Guardian <input checked="" type="checkbox"/> Other					
First Name	Middle Name	Last Name			

Electronically Sign the Registration

- ① Ensure the electronic signature agreement box and waiver radio buttons are checked.
- ② To electronically sign the registration, type in the Parent / Guardian name where indicated.

Continue to scroll down to the Concussion Information Sheet.

Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

EMERGENCY AUTHORIZATION: I, hereby authorize each of the coaches, team parents, or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

I HAVE READ THE EMERGENCY AUTHORIZATION AND ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

①

I agree to use an electronic signature ([read more](#))

I represent and warrant that I am the parent or legal guardian of the Player named on this application, a minor, and that I am authorized on behalf of myself, Player and our heirs and assigns, to hereby enter into this Waiver Agreement IN CONSIDERATION OF Player's being able to participate in the Events. I agree the terms and conditions hereof shall apply to all of my Player's participation in any Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

②

Parent/Guardian Signature Date _____

I am an adult of the age of majority in my state. I agree the terms and conditions hereof shall apply to all of my participation in the Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Player Signature Date _____

DOB Verification	Check Number	Fee Charged	Amount Paid

This document contains confidential and/or proprietary information and is the property of the American Youth Soccer Organization

© 2016 American Youth Soccer Organization Rev. 2016

Concussion Awareness

After reading the Concussion Information Sheet, click on “Continue to Review.”

Parent/Athlete Concussion Information Sheet

This information sheet was produced in cooperation with the Center for Disease Control (CDC).

DID YOU KNOW?

Most concussions occur without loss of consciousness. Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults.

below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
<ul style="list-style-type: none">Appears dazed or stunnedIs confused about assignment or positionForgets an instructionIs unsure of game, score, or opponentMoves clumsilyAnswers questions slowlyLoses consciousness (even briefly)Shows mood, behavior, or personality changesCan't recall events prior to hit or fallCan't recall events after hit or fall	<ul style="list-style-type: none">Headache or "pressure" in headNausea or vomitingBalance problems or dizzinessDouble or blurry visionSensitivity to lightSensitivity to noiseFeeling sluggish, hazy, foggy, or groggyConcentration or memory problemsConfusionJust not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsion or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season.

For more information on concussions,
Visit : www.cdc.gov/Concussion

Student-Athlete Name Printed _____ Student-Athlete Signature _____ Date _____

Parent or Legal Guardian Printed _____ Parent or Legal Guardian Signature _____ Date _____

Submit the Signed Player Registration

- The registration form will appear on your screen in it's entirety with the your electronic signature.
- Continue to scroll down the registration form and ensure all information is correct.
- Click on "Submit signed player registration at the bottom of the screen.

o Please review the information in this page carefully. Scroll down and click **SUBMIT SIGNED PLAYER REGISTRATION**.



American Youth Soccer Organization
www.ayso.org

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.

Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

EMERGENCY AUTHORIZATION: I, hereby authorize each of the coaches, team parents, or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

I HAVE READ THE EMERGENCY AUTHORIZATION AND ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

I agree to use an electronic signature ([read more](#))

I represent and warrant that I am the parent or legal guardian of the Player named on this application, a minor, and that I am authorized on behalf of myself, Player and our heirs and assigns, to hereby enter into this Waiver Agreement IN CONSIDERATION OF Player's being able to participate in the Events. I agree terms and conditions hereof shall apply to all of my Player's participation in any Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Parent/Guardian Signature Mary Peterson Date 03/24/2017

Electronic Signature Record YUID: CwI-800360-AYSO1-1067/HMSD-800361-AYSO1-106F
 Current Date & time: 24-Mar-17 22:33:51 PDT
 IP address: ope-72-130-111-152.hawaii.res.rr.com (72.130.111.152)
 Agreed to E-Sign Disclosures at: 24-Mar-17 22:33:51 PDT

DOB Verification	Check Number	Fee Charged	Amount Paid

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

monitored by a health care professional.

It's better to miss one game than the whole season.
For more information on concussions,
Visit : www.cdc.gov/Concussion

Gracie Peterson
 Student-Athlete Name Printed
 Mary Peterson
 Parent or Legal Guardian Printed

 Student-Athlete Signature

 Parent or Legal Guardian Signature

 Date

 Date

Return to edit this form

Submit signed player registration



E-Signature Complete

◀ Back to My Account / Logout

Region 269

DICK'S SHQ

1 Account Details

2 Add Participants

3 Program Information

4 Confirm and Checkout

E-signature for [redacted]

2017 Fall Core > 12U-Girls (11 and 12 yrs old) > **E-Signature Complete**

« Back **Continue** »

View My Cart

Norton SECURED
powered by Symantec
ABOUT SSL CERTIFICATES

Need Help?

Leeward AYSO Region 269
P.O. Box 700826
Kapolei, Hawaii 96709
Phone: 808-277-1063
webayso269@gmail.com

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration F.A.Q.](#)

E-Signature of the Registration is complete.

Click "Continue"

Volunteer Opportunity

If you would like to volunteer your services to your child's team, please select the position you are interested in.

The screenshot shows a web interface for selecting a volunteer position. The main content area is titled "The following positions are available" and lists four roles: Assistant Coach, Head Coach, Referee, and Team Parent. Each role has a "SIGN UP" button. A "2017 Fall Core" team is selected, and a notification indicates "Gracie is registered here!". A "Cart Summary" sidebar on the right shows a registration fee of \$90.00 and a cart subtotal of \$90.00, with a "View My Cart" button. A "Need Help?" section provides contact information for Leeward AYSO Region 269, including a phone number and email address. A "Norton SECURED" logo is also visible.

The following positions are available

1 2017 Fall Core > 12U-Girls (11 and 12 yrs old) Gracie is registered here!

- Assistant Coach [SIGN UP](#)
- Head Coach [SIGN UP](#)
- Referee [SIGN UP](#)
- Team Parent [SIGN UP](#)

[Show More](#)

I do not wish to volunteer at this time

[« Back](#) [Continue »](#)

Cart Summary 1

Registration: \$90.00

Cart Subtotal: \$90.00

[View My Cart](#)

Norton SECURED
powered by Symantec
ABOUT SSL CERTIFICATES

Need Help?

Leeward AYSO Region 269
P.O. Box 700826
Kapolei, Hawaii 96709
Phone: 808-277-1063
webayso269@gmail.com

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration FAQ](#).

Registration Summary

This is the Registration Summary. Note that the total reflects the registration fee, early bird discount (if registering before June 1st, cost of extra training shirt (optional), and the non-refundable AYSO Membership Fee. If registering multiple children, the registration summary will reflect the multi-player discount applied to each child.

Registration Summary

If you are inactive on this page for 15 minutes, you'll automatically be logged out and will have to log back in to complete your registration.

Coupon Code: Apply

1 **2017 Fall Core** **12U-Girls (11 and 12 yrs old)** **Gracie Peterson**

Payment Options:

PAY IN FULL	\$90.00	<input checked="" type="checkbox"/> SELECTED
-------------	---------	--

Registration Breakdown:

Division Price	\$72.50
Early Bird Discount	(\$10.00)
Extra Training Shirt	\$10.00
AYSO Membership Fee	\$17.50
Subtotal	\$90.00

Remove from cart

CONTINUE

Payment Information

Confirmation

Order Summary

Registration Subtotal	\$	90.00
Total	\$	90.00
Due Today	\$	90.00
Open Balance	\$	0.00

Norton SECURED
powered by Symantec
ABOUT SSL CERTIFICATES

Need Help?

Leeward AYSO Region 269
P.O. Box 700826
Kapolei, Hawaii 96709
Phone: 808-277-1063
webayso269@gmail.com

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration FAQ](#).

<< Back Continue

Payment Information

- Payment can be made by MasterCard, VISA, or American Express Credit/Debit Cards.
- You will receive an email confirmation once payment has been made.

⚠ If you are inactive on this page for 15 minutes, you'll automatically be logged out and will have to log back in to complete your registration.

Registration Summary Edit

Payment Information

Payment Method for Registration*

For cash or check payments contact your Region's Registrar for instructions to complete your order.

Cards Accepted*

Card Number*

Expiration Date*

Security Code* [What's this?](#)

Is the billing address same as the primary account holder's address? Yes

First Name*
First Name is required

Last Name*
Last Name is required

Address 1*
Address is required

Address 2

City, State*
City is required

Zip*
Zip Code is required

CONTINUE

Order Summary

Registration Subtotal	\$	90.00
Total	\$	90.00
Due Today	\$	90.00
Open Balance	\$	0.00

powered by Symantec
A BOUT SSL CERTIFICATE

Need Help?

Leeward AYSO Region 269
P.O. Box 700826
Kapolei, Hawaii 96709
Phone: 808-277-1063
webayso269@gmail.com

Blue Sombrero is the leader in online registration for youth sports leagues across the country. If you are having trouble registering please check out our [Registration F.A.Q.](#)

You Left Items in Your Cart

You Left Items In Your Cart

Hi Mary, You've still got items sitting in your shopping cart! These items won't be available forever, so log back in to your account to complete your purchase.

1 Gracie Peterson

2017 Fall Core - 12U-Girls (11 and 12 yrs old)

Division Price	\$72.50
Early Bird Discount	(\$10.00)
Extra Training Shirt	\$10.00
AYSO Membership Fee	\$17.50

DICK'S TEAM SPORTS HQ

DICK'S TEAM SPORTS HQ

Powered by Blue Sombra
112 Krog Street, Suite 10
Atlanta, GA 30307

Phone: 866-981-BLUE
Email: support@bluesombra.com
www.teamssportshq.dsg.com
www.bluesombra.com

If you leave the website and still have unpaid registrations, you will receive an email reminding you that you still have items sitting in your shopping cart.

What's Next....

- Approximately June or July, you will be receiving emails from the Region regarding parent and coaches meetings.
- Depending on the number of players registered, you may be contacted by the age group coordinator to recruit coaches.
- Your child's coach will be in contact with you regarding practice day(s) and time.
- If you have not been contacted by your child's coach by mid-July, please contact the registrar at regayso269@gmail.com