

- Log into GotSports at https://system.gotsport.com/
- Once in your account click on the edit button to the right of your name:

©GotSport					
	Debbie Kisthardt deb@hurshslandscaping.com				Edit
	DOB	12/21/1973	Phone	610-965-2226	
	Address	US	Mobile Phone Number		
					View Full Profile

• On the following screen upload a head shot photo:

Dashboard Accour	nt 🖹 Reporting 🛛 🚰 Team Management	Program Registrations	Forms	
Account	Profile Themes Media Links			
Roles				
<u></u>	Photo		Avatar	
🛷 Tickets	Choose File No file chosen		Choose File No file chosen	
Emergency Info	No file chosen			
- /				
📥 Family	First Name		Last Name	

• After adding a photo scroll down and fill in all address and general information and then click SAVE on the bottom of that screen

• Next click on the Dashboard tab and it will take you back to the main screen.

• On the right side you will see "Requirements" and a list of the required items you will need to upload. Click on the More Info next to each requirement.

۲	St Thomas More SC Allentown, PA, US				
Role	Level	Affiliate	Requirements		
coach Competitive		USYS	PA Child Welfare History	Required	More Inf
			FBI Fingerprint or Affidavit	Required	More Inf
			PA State Police Criminal History	Required	More Inf
			Safe Sport	Required	More Inf
			Heads Up	Required	More Inf
			Eastern Pennsylvania Youth Soccer Risk Management	Required	More Inf

• Once you click on the More Info another box will open where you will need to complete the information and then scroll to the bottom to upload the proper paperwork and then click submit.

Cospon				â 🗹 III
FBI Fingerprint or a	Affidavit		Risk Mana	gement
Submit New Report				
First Name	Debbie			EASTERN PENNSYLWAWA
Middle Name				65T 1972
Last Name	KISTHARDT		Type Enforced	FBI Fingerprint or Affidavit Eastern Pennsylvania Youth Soccer
Affix			Ву	Association
Quadas			Contact Info	ormation
Gender	remale V		Phone number	6102389966
DOB	December 🗸		Address	4070 Butler Pike Suite 100 Plymouth Meeting, PA 19462
	21 🗸			US
	1973 🗸		Reports of	der than have expired
Contact Email	deb@hurshslandscaping.com			
Phone	6109652226			
Address				
Address (Continued)				
Country City	Linited States			
Postal Code				
An FBI fingerprint report is rea any volunteer who has not res The Affidavit of Compliance is for 10 years or more. The Fingerprint report or Affid is now expired. *Please upload FBI Fingerprin Choose File No file chosen	quired of any paid coach, trainer or te sided within the Commonwealth of Pe required for any volunteer who has b avit is valid for 5 years. For the 2020/ nt report or Affidavit of Compliance her	am manager. Fingerprints are also required for nsylvania for 10 years or more. een a Commonwealth of Pennsylvania resident 11 season, any report or form submitted in 2015 e.		

• After you have submitted all requirements you will need to go to the "Forms" tab and complete the available form:



• Click on the "Start" button. Next to the Communicable Disease Agreement to open the next window.

Communicable Disease Agreem RELEASE OF LIABILITY AND ASSUMPTION O	ent F RISK AGREEMENT		`⋿ Cart (0)		
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT					
	Register				
•	New user	Register			
1	Debbie Kisthardt deb@hurshslandscaping.com	Register			

- Next to your name click on the Register button.
- Input your "Profile Information" and click Save.
- Read and Sign the form on the next screen and then click on "Save (Page 1 of 1)".
- On the next screen click the "Checkout" button and then the "Register" button on the next screen.
- ALL of the above steps MUST be completed by FRIDAY AUGUST 14^{TH} .
- Contact Shawn Marie at <u>smhusted@aol.com</u> or 484-201-6017 with any questions.

THANK YOU in advance!