## Welcome to TeamSnap Registration for USC Rowing Fall 2024!

This document outlines how to register for the **USC Rowing Fall 2024 Season**. This is our first season using TeamSnap, thanks for your patience!

To get started <u>Click here</u> and you should see the below. Click "**Register**→".



Select the rower you'd like to register, and click "Next $\rightarrow$ "; or select "+ Add a household member", complete the form, click "Add", and select your rower's name and click "Next $\rightarrow$ ".

Upper St Clair Rowing Association	Upper St Clair Rowing Association
Who are you registering today? Please select one at a time.	Confirm participant profile information Please conferm that the information for the selected participant is accurate and competer. Select a Household*
Earley Household	First Name" Last Name"
ME Michael Earley Age 14	Hist Hart Name Hist Last Name Birthdate" 08/03/2009
CE Colleen Earley Household Organizer	Gender' Male - Ernali
+ Add a household member	Next ->

Select "Confirm Information" on the next screen.

Please confirm that the inform complete.	ation for the selected participant is accurate and
First Name*	Last Name*
Test First Name	Test Last Name
Birthdate*	
08/03/2009	
Gender*	
Male	•
Email	
test@gmail.com	
This email is used to access te unique email address if the ho	am communications and team accounts. Enter a usehold member wants to log into their own account

8/06/24 5:30 PM

## Select "Fort Couch Division" or "High School Division" and "Next→".



## Complete the fields and click "Add to Cart→".

Upper St Clair Rowing Association	<ul> <li>Additional Questions</li> </ul>
Registering: Test First Name Test Last Name High School Division	Rower Graduation Year (202X)*
Participant Information	Text
· Participant mornation	Rower Primary Care Physician*
Rower First Name*	Text
Text First Name	Rower Primary Care Physician Phone Number*
Rower Last Name"	123-023-0233
Tett List Name	Rower Health Concerns (if none, please state 'None')*
Deven District and	Text
08/03/2009	Rower Food Requirements*
	Dairy free
Rower Gender"	Wheat/Glaten Free     Tran rad //inarad Free
Male v	Vegan/Vegetarian
	Other (enter under allergies/requirements)
Rower Mobile Phone Number*	Rower Allergies / Food Requirements (if none, please state "None")*
123-222-2222	Text
Rower Email*	Rower Tee Shirt Size"
testijgmal.com	Youth Large Advis VS
	Adult S
Rower Street Address*	Adult M
Text	Adult L
	Adult XL
Rower Zip'	2nd Guardian First Name
Text	Text
	2nd Guardian Last Name
Guardian Information	Text
	2nd Guardian Email
elect a household member	ng.exampleusen@email.com
Guardian 5 First Name*	Ind Guardian Mobile Phone Number
Colleen	129-322-2223
Grandian 6 Last Nama*	Emergency Contact First Name*
Eatiny	Text
	Emergency Contact Last Name*
Guardian 5 Email*	Int
remain rear of Blangerous	Emergency Contact Mobile Phone Number*
Guardian S Mabile Phane Number*	123-323-3233
4129961745	Emergency Contact Home Phone Number*
Guardian 1 Street Address*	1.12-3.22-3.223
Text	USCSD Healthy Roster Requirements *
Guardian i Zip*	
Text	USRowing Annual Swim Test Requirement*
	289852 *

Add to Cart  $\rightarrow$ 

Have another rower to register? Select "+ **Register Another Participant**" and repeat the steps above. If you do not have another rower to register, select "Check Out $\rightarrow$ "

Upper St Clair R	owing Association	
Review Selections Here is a summary of your registration so far.		
Test First Name Test Last Name		
High School Division	\$1,025.00	
Participant Total	\$1,025.00	
	+ Register Another Participant	
Total	\$1,025.00	Check Out →

Complete the Checkout Agreements/Waivers. Note: When you open the attachments, they will appear as new tabs on your menu bar. Click on "**TeamSnap Registration**" to return to registration.

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Checkout - Agreements		Checkout - Agreements
Waivers You only need to sign once and it covers all participants you are registering for.	Waivers You only need to sign or for.	ce and it covers all participants you are registering
Rower Expectations Sign	🔗 Rower Expec	tations Sign
USRowing Sign	© USRowing	Sign
Payment of Tuition Sign	→	3i(1) Payment →

When your Checkout Agreements are complete, select "Payment->".

There are three ways to pay: credit card, bank/ACH, and check\*\*.

- 1. To pay by with a credit card or bank/ACH, select either "Pay in full" or "4 payments..", and follow the prompts.
- 2. To pay by check, you must select the "Pay in Full", then click on the words "More payment options", then "Continue to pay via cash".

Checkout - Installments	Pay balance via cash	Checkout - Installments
9m 56s Time Remaining Reserved spots will be released when this checkout session expires.	Please submit your cash payment directly to your organization.	Image: Second system         Time Remaining           Reserved spots will be released when this checkout session expires.         Pay in full
4 payments, monthly on the 15th More payment options	Choose another payment method Continue to pay via cash	4 payments, monthly on the 15th     O     Pay cash Please submit your cash payment directly to your organization.

\*\*TeamSnap requires registrants to select the "Pay in full" option when paying with check. However, we <u>do</u> permit registrants to pay in installments by check. If you chose to make payments by check, please follow the instructions in your confirmation email.