Submitting User Requirements:

Background Checks

STEP 1

Log into your GotSport Account at https://system.gotsport.com/

STEP 2

Depending on the role you have with your club, the user requirements will consist of either Background Check, Safe Sport, Heads Up Concussion, or all three. These User requirements will be located on your account "**Dashboard**". Click the "More Info" for the respective requirement to continue.

QGotSport

www.gotsport.com

©GotSport							
	robert.miller	Igotsport.com					
S	DOB	02/15/1996	Phone	904-746-4446			
	Address	750 Third St Neptune Beach, FL 32266 US	Mobile Phone Number				
					View Full Profile		
2 Dishboard @ Act	count 🗟 Repor	ting 🔮 Team Management 🖪	Program Registrations				
D.C. Uni Mathydrer	ted DC. US			-	7		
Role	Lovel	Affiliate	Requirements	-			
coach			Background Check	Required	More into		
			Safe Sport	Required	More Info		
			Heads Up	Required	More into	(DH	lelp

STEP 3

Click "Submit New Report".

Status Required Submit New Report Image: Completed in the completed in	Status Required Submit New Report Image: Submit New Report	Status Required
Submit New Report Image: Submit New Report Report History Image: Enforced By MLS Youth ID Date Submitted Updated Status Contact Information	Submit New Report Image: Constraint of the second	Submit New Report
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ID Date Submitted Date Completed Updated Status Contact Information		Enforced By MLS Youth
Phone number	ID Date Submitted Date Completed Updated Status Contact Information	ID Date Submitted Date Completed Updated Status Contact Information
	Phone number	Phone number
Address 420 5th Avenue New York, NY	Address 420 5th Avenue New York, NY	Address 420 5th Avenue
Address 420 5th Avenue New York, NY	Address 420 5th Avenue New York, NY	Address 420 5th Avenue



Fill out the required information and click the certification checkbox.Be sure to verify your Social Security Number by typing it in a second time.Sign your name on the signature line and save your signature. Lastly, click the submit button on the bottom of the page to submit your report.

kground Cheo	:K	Risk Manage	nent
mit New Report			10072 EST. 1979
First Name	Barry		MISSISSIPPI soccer association
Middle Name			
Last Name	Burns	Type Enforced By	Background Check Mississippi Soccer Association
Affix		Contact Inform	ation
Gender	Male ~	Phone numbe	r
SSN	****8700 - United States of Al	Address	628 Lakeland East Drive, Ste. D Flowood, MS 39232 US
	Edit	Reports older	than 05/15/2020 have expired



Signature box works with mouse or touchscreen

Signature	
Save Reset	
+	
Submit	

©GotSport



Once the report has been submitted successfully, it will automatically bring the User back to their **Dashboard** to complete any remaining requirements

©GotSport					4 2	•
	Mike Nie mike.nieto@g	to otsport.com			Edit	
	DOB Address	07/31/1995 14566 Marshview Dr Jacksonville, FL 32250 US	Phone Mobile Phone Number	904-312-2354 904-312-2354		
& Dashboard	🕽 Account 🔄 Report	ing 😤 Team Management ≓	Team Scheduling 🛛 🚿 Program Registrat	lons 🗈 Forms	View Full Profile	
	4	The report v	vas successfully submitted.			
Add Verge	ison United SC Ines, VT, US					
Role	Level	Affiliate	Requirements			

Submitting User Requirements Cont.

Intro to Safety



STEP 1

Log into your GotSport Account at https://system.gotsport.com/

STEP 2

Depending on the role you have with your club, the user requirements will consist of either Background Check, Safe Sport, Intro to Safety, Live Scan, or all four. These User requirements will be located on your account "**Dashboard**". Click the "More Info" for the respective requirement to continue.

GotSport							4 s	•
	0	Mike Niet	O tsport.com			Edit		
		DOB Address	07/31/1995 14566 Marshview Dr Jacksonville Beach, FL 32250 US	Phone Mobile Phone Number				
						View Full Profile		
	🙆 Dashboard 🖉	Account Report	ng 👹 Team Management 😅 Ti	sam Scheduling 🚽 Program Registrations	Forms	٩		
	Pros	pector Soccer Clut	- Demo		١			
	Role	Lovel	Affiliate	Requirements		No.		
	coach		USYS	Intro to Safety	Required	More Info		
				Safe Sport	Registed	More Info		
					and an other states			
				Live Scan	Required	More Info		
				Live Scan Background Check	Required	More Info More Info		0.00

STEP 3

Click Submit New Report to complete the course. Note: On the following screen it will prompt you to confirm your profile contact information and then upload the completed course certificate

	전Got <mark>Sport</mark>		4 a 🗢 o H
	Intro to Safety		Risk Management
	Status Requi	Arred	
	Report History		Enforced California North Youth Soccer By Association
	ID Date Submitted Date Completed Updated Status		Contact Information
			Phone 925-426-5437 number
Intro to Safet	y does not have a certificate.*	r	Address 1040 Serpentine Lane Suite 206 Pleasanton, CA 94566 US
successful cor t NEEDS to s COMPLETIO	npletion and upload to GotSport. how YOUR NAME, TITLE OF COURSE, AND N STATUS.		Reports older than 07/01/2020 have expired

It should look similair to the image below.

Submitting User Requirements Cont.

QGotSport

(00)		pietea/paeeea		, (y)		
	COURSES GROUPS	RESOURCES PLANNING	HELP RECOGNIZ	E TO RECOVER	(&) KAREN H.	
ourses						
DOUCTION TO SAFE AND HEALTHY PLAYING ENVIRONM	MENTS			PASSED	ODEN VAICHINE 2	
©Got\$port				4 m 😳	o ⊞	
Phone						
Address	14566 Marshview Dr					
Address (Continued)						
Country	United States	~				
State/Province	Florida	~				
City	Jacksonville Beach					
Postal Code	32250					
*Please upload a copy of yo Choose File No file chose	our certificate here					
Submit						

STEP 4

Once the report has been submitted successfully, it will automatically bring the User back to their Dashboard to complete any remaining requirements

	Mike N	ieto			Edit	
	mike,nietos	Øgotsport.com			×	
	DOB	07/31/1995	Phone			
	Address	14566 Marshview Dr Jacksonville Beach, FL 32250 US	Mobile Phone Number			
					View Full Profile	
	100 N 1000		CONTRACT OF STREET	1222	(10)	
2 Dashboard	Account 🕞 Rep	orting 👙 Team Management 🛱 T	eam Scheduling 🛛 🖪 Program Registrations	Forms	•	
(Dashboard)	Account 🕞 Rep	The report wa	eam Scheduling A Program Registrations	Forms	0	
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Oushboard Construction	Dector Soccer C	corting Team Management == T The report wa Club - Demo Atfliate USYS	eem Scheduling I Program Registrations is successfully submitted: Requirements Intro to Safety [mess] Safe Sport Live Scan [mess]	Porms Reguland Reguland Reguland	More Info More Info More Info	
Oushboard Coach	Dector Soccer C	orting Team Management == T The report wa Club - Demo Attiliate USYS	eem Scheduling 🖋 Program Registrations as successfully submitted. Requirements Intro to Safety 📖 Safe Sport Live Scan 📬 Background Check 📬	Required Required Required Required	More Info More Info More Info More Info	

Safe Sport

STEP 1

Log into your GotSport Account at https://system.gotsport.com/

STEP 2

Depending on the role you have with your club, the user requirements will consist of either Background Check, Safe Sport, Heads Up Concussion, or all three. These User requirements will be located on your account "**Dashboard**". Click the "More Info" for the respective requirement to continue.

QGotSport

www.gotsport.com

Gotsport						
	Matt Slack	K soccer.com			Edit	
	DOB	09/29/1992	Phone			
	Address	132 Atlantic Blvd Jacksonville, 32225 US	Mobile Phone Number			
					View Full Profile	
A Dashboard & Act	count 🔀 Reporting) 볼 Team Management 🦪 F	Program Registrations 🛛 🖿 Forms		٩	
Force Se Based, Mill	occer Club			-		
	Level	Affiliato	Requirements	_		
Role						
Role	Select		Safe Sport	Required	More Info	
Role	Select		Safe Sport Heads Up	Required	More Info	
Role	Select		Safe Sport Heads Up Background Check	Patigutined Philipulaned Philipulaned	More Info More Info More Info	



Copy the access code and click "Start Course".

@GotSport

Status	Required	
Access Code YC3E-6P5G-YYIL-CS2M	Start Course	<u></u>
I you have already completed the course or recently completed a refresher, click the Check Record completed record matching your name and email address.	s button to lookup a	Crista Association
Charack Hisportis	Contact Informati	
	Phone number	9047464446
	Address	760 Third St. Neptune Beach, FL 32266 US
	Depictor of days the	07/01/0010 http://www.automatic



Paste the access code in to the "Access Code" and hit "Save"

мено		anime)
🛔 Register		Step 1 of 2
	Add Membership	
Last bire	Select an Organization* U.S. Soccer X	
- 1668) - 1668)	Access Code" YC3E-6P5G-YYIL-CS2M	
Pranktit		
Coolimy	Not in the list? Go to the contact form and submit a request to add your organization.	
	Cancel	



Note: If you have previously completed Safe Sport, you can click the Check Records button below to have the completed certificate matched to your account. The First Name, Last Name, and Email Address for your Safe Sport account must match for the certificate to pull over properly.

2 GotSport		▲ ☎ Ⅲ
Safe Sport	Risk Managemer	nt
Status	Required	
Access Code: YC3E-6P5G-YYIL-CS2M	Start Course	
Already completed this course?	Contract Contract of Contract	
If you have already completed the course or recently completed a refresher, click the Check Records bu completed record matching your name and email address.	tton to lookup a	
Check Records	Enforced By	State Association
	Contact Information	1
	Phone number	9047464446
	Address	750 Third St.
		Neptune Beach, FL 32266 US
	Reports older that	07/31/2019 have expired



Once the report has been submitted successfully, it will automatically bring the User back to their **Dashboard** to complete any remaining requirements

©GotSport					•	≥
	Mike Nie mike.nieto@g	to otsport.com			Edit	
	DOB	07/31/1995	Phone	904-312-2354		
	Address	14566 Marshview Dr Jacksonville, FL 32250 US	Mobile Phone Number	904-312-2354		
					View Full Profile	
28 Dashboard @ A	ccount 🖹 Report	ng 👹 Team Management ≓	Team Scheduling 🛛 🖪 Program Registratio	ons 🔓 Forms	1	
t regissions	-	The report w	as successfully submitted.			
Addisor Vergennes,	n United SC vt, us					
Role	Level	Affiliate	Requirements			
coach		USYS	Heads Up	Required	More Info	Ø Help

(Screenshot of completed SafeSport certificate)



Submitting User Requirements Cont.

Live Scan

Log into your GotSport Account at https://system.gotsport.com/

STEP 2

ST

STEP 1

Depending on the role you have with your club, the user requirements will consist of either Background Check, Safe Sport, Heads Up Concussion, Live Scan or all four. These User requirements will be located on your account "**Dashboard**". Click the "More Info" for the respective requirement to continue.

~	GotSport					<u>د</u> د
		Steve Martin coachsteve@demo.com				Edit
		DOB (Address	03/12/1989 JS	Phone Mobile Phone Number		View Full Profile
	Acco	unt 🖹 Reporting 👹 Tea	am Management	am Scheduling 🛛 🖪 Program Reg	gistrations 📑 Forms	
	Porterville Porterville, CA,	YSL US				
	Role Lev coach Cor	vel mpetitive	Affiliate USYS	Requirements Intro to Safety	Required	More Info
				Safe Sport	Required	More Info
				Background Check	Required	More Info
	Click "Submit Ne	ew Report".				
	Click "Submit Ne	ew Report".				4 Z III
	Click "Submit Ne Click Scan	ew Report".			Risk Management	4 35 111
	Click "Submit Net Click Submit Net Coolsport Live Scan Status Submit New Report	ew Report".		Required	Risk Management	
	Click "Submit Net Click Submit Net Clice Scan Status Submit New Report Report History	ew Report".		Required	Risk Management	nia North Youth Soccer
	Click "Submit Net	ew Report".	ted U;	Required	Risk Management	■ ■ III North Youth Soccer ation

Reports older than have expired

QGotSport



Fill out the required information and sign your name on the signature line and save your signature. Lastly, click the submit button on the bottom of the page to submit your report.

© GotSport	â 🕿 III
Live Scan	Risk Management
Submit New Report	
First Name Steve	
Middle Name	Type Live Scan
Last Name Martin	Enforced California North Youth Soccer By Association
Affix	Contact Information
Gender Male ¢	Phone 925-426-5437 number
DOB March \$	Address 1040 Serpentine Lane Suite 206 Pleasanton, CA 94566
12 ÷	US
Birthdate Confirmation March \$	Heports older than have expired
12 \$	
1989 🗘	
Contact Email coachsteve@demo.com	
Phone 1234567	

Please sign below, upon submission, you will be redirected back to your profile where you may download LiveScan form and take to appropriate LiveScan facility.

LiveScan submission will be marked as approved when Californiat North receives results.

Signature	
_	Caka
Save Reset	
Submit	



Once the report has been submitted successfully, it will automatically bring the User back to their **Dashboard. Click the "Live Scan" button highlighted in green.**

©GotSport					•
	Steve Martin coachsteve@demo.com				Edit
	DOB	03/12/1989	Phone		
	Address	JS	Mobile Phone Number		
					View Full Profile
@ Dashboard	int 🖹 Reporting 🛛 😤 Tea	am Management	cheduling 🖌 Program Registrations	Forms	
Porterville Porterville, CA, U	YSL JS				
Role Leve	el	Affiliate	Requirements		
coach Con	npetitive	USYS	Intro to Safety	Required	More Info
			Safe Sport	Required	More Info
			Live Scan Pending	Required	More Info
			Background Check	Required	More Info





Your "Live Scan Form" Will now Generate. Fill in the required information accordingly.

OGotSport

www.gotsport.com

Live-Scan-steve-martin-20210312-105501065.pdf (1 page) - Edited **□·** Q Q A Z - D Q. Search Live-Scan-steve-martin-20210312-105501065.pdf (1 page) **REQUEST FOR LIVE SCAN SERVICE** CalNorth Soccer Applicant Submission Volunteer Authorized Applicant Type ORI (Code assigned by DOJ) BCYW Contract Code (For use at Biometrics4all SAM locations Only) COACH Type of License/Certification/Permit OR Working Title CAYOCA YOUTH SOCCER ASSOC 15687 Mail Code (five-digit code assigned by DOJ) Agency Authorized to Receive 1040 SERPENTINE LANE STE 201 Street Address or P.O. Box Contact Name (mandatory for all school submissions) CA 94566 PLEASANTON Contact Telephone Number City Applicant Information: Last Name First Name Middle Initial Suffix Other Name First (AKA or Alias) Last Suffix Sex Male Female Date of Birth Driver's License Number Billing Agency Billing Number) Weight Hair Color Height Eye Color Number Misc. Place of Birth (State or Country) Social Security Number Number Home Address Street Address or P.O. Box City State ZIP Code OCA Field / Your Number: D 7 2 3 0 0 Mandatory Field District Number League Number Club Number Level of Service: X DOJ Only OATI: For Resubmission Only Name of Operator Date Do Not Collect. No Fee is Due. LSID ATI Number Transmitting Agency Amount Collected/Billed Need Help? BIOMETRICS Locations: www.CapitalLiveScan.com Services Provided by ApplicantServices.com Questions: contactus@capitallivescan.com Service Affiliate Members (SAM) CAPITAL LIVE SCAN Support: 1-877-288-5519





Registrar Manual

Getting New Members Started

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Address

Phone

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For all Inquiries

Contact your State Administrator or login to your account to access chat with GotSport Representative