

## Team Registration for Tournaments & Leagues step-by-step

Team Captain, Coach or Team Leader needs to fill out the registration information as themselves, their child or as one player on the team as well as make a payment.

Team Captain, Coach or Team Leader can choose if they want to pay the full team registration fee now or pay the down payment amount which is usually the price for one player. If choosing to only pay the downpayment amount the Team Captain, Coach or Team Leader will then be able to assign the remaining amount of the team's fee to the remaining team players. *\*Note if payments are assigned to other players the total team registration fee must be paid before the team will be allowed to play.*

After filling out the information and making a payment, hit submit registration.

The screen below will come up, click on the green link.

**Thank You!**

Your registration has been sent and will be processed shortly.

Filling out this form does not guarantee your reservation. You are not officially registered until payments have been received.

If you are registering for a Tournament or League please click the link below to add your team members to your roster.

[Click Here if you wish to add registrants to the roster now](#)

Powered by **EZFacility**  
Privacy Policy

You will see your teams roster started with your info listed. Please fill out the info for each of the remaining team players and assign them the amount they will need to pay. *\*Note you will need First & Last Names, Phone Number, Email Address, and Date of Birth for each player.*

**Test Test**

**Team Roster**

Name	Home #	Work #	Cell #	Email	Waiver	Total Due	Balance
Last, First	555-555-5555			Example@Test.com	<input checked="" type="checkbox"/>	\$140.00	\$0.00

**Registrant Information**

First Name \*  Last Name \*  Home Phone \*

Address

City  State  Zip  Work Phone

Cell Phone

Gender \*

Date of Birth \*  Email Address \*

T-shirt Size

Amount this registrant should pay: \$

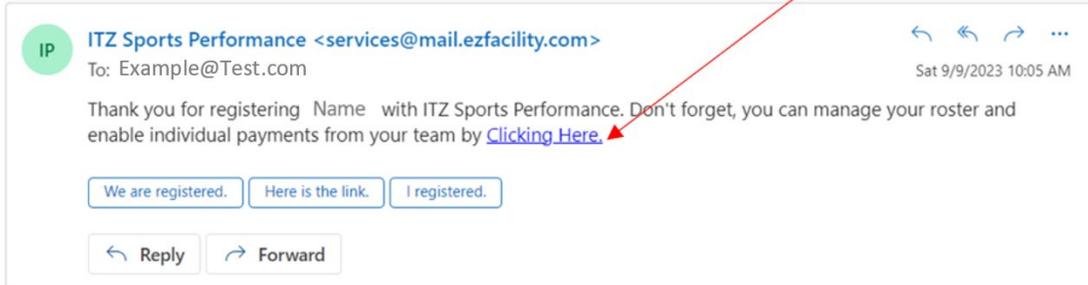
If you provide an amount, the registrant will receive a link in their email to a website where they can make a payment against the invoice. You can also submit payments on their behalf using links on this page. To change this amount, remove the registrant from the roster and enter their information again. Once a payment is received for a registrant, you cannot remove them. The total amounts supplied here may not be more than the invoice total. Your balance includes any remainder.

**Add Registrant To Roster**

After filling out info and assigning payment amount click **Add Registrant to Roster** and repeat process until you have add all players.

Once you have added the players and assigned a payment amount each player will receive an email with a link to sign a liability waiver as well as make a payment for the amount they were assigned. *\*Note please make sure you let the parents and/or players know they will be receiving the email link and that liability waivers for each player will need to be signed and the total team registration fee needs to be paid before the team will be allowed to play.*

When the parents or players receive the email they need to click on the blue **Click Here** link to sign the liability waiver and make any payments they have been assigned.



They will see the roster, find their name, and click the **Pay** button.

### ITZ SPORTS PERFORMANCE

Team Name

#### Team Roster

Name	Home #	Work #	Cell #	Email	Waiver	Total Due	Balance		
Last, First	555-555-5555			Example@Test.com	✓	\$140.00	\$0.00		
Last, First	555-555-5555			Example@Test.com	✓	\$140.00	\$0.00		
Last, First	555-555-5555			Example@Test.com	✗	\$140.00	\$140.00	Pay	Delete
Last, First	555-555-5555			Example@Test.com	✓	\$140.00	\$140.00	Pay	Delete
Last, First	555-555-5555			Example@Test.com	✓	\$142.00	\$7.00	Pay	

#### Registrant Information

First Name \*  
Last Name \*  
Home Phone \*  
Address  
Work Phone  
City  
State  
Zip  
Cell Phone  
Gender \*  
--SELECT--  
Date of Birth \*  
Email Address \*  
T-shirt Size

Amount this registrant should pay:  
\$

If you provide an amount, the registrant will receive a link in their email to a website where they can make a payment against the invoice. You can also submit payments on their behalf using links on this page. To change this amount, remove the registrant from the roster and enter their information again. Once a payment is received for a registrant, you cannot remove them. The total amounts supplied here may not be more than the invoice total. Your balance includes any remainder.

Add Registrant To Roster

The payment screen and liability waiver will come up. Fill out the information and check the **I accept terms & conditions** button on the liability waiver then click **Submit**.



Team Name

Welcome, Player's Name

First Name:   
Last Name:   
Date of Birth:  M/D/YYYY  
Address:   
City:   
State:   
ZIP:   
Home Phone:   
Work Phone:   
Mobile Phone:

Total payable amount:\$141.60

Paid to date:\$135.00

Balance remaining:\$6.60

Amount to pay:   
Cards Accepted:   
Name on Card:   
Card Number:   
CVN#:   
Expiration Date:    
Billing Address:   
Billing Zip/Postal:   
Billing State:

### Registration Agreement

#### Liability Release Waiver

By signing this agreement, I hereby acknowledge, as parent/guardian, with legal responsibility for this participant, that will be participating in ITZ Sports Performance (ITZ) activities. It is understood that participation in ITZ activities involves inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

In addition, I understand that by signing this agreement, I hereby release and discharge ITZ, its employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the ITZ activities.

I understand it is my responsibility as the parent/guardian to inform staff of any medical conditions, allergies, or any other special needs my son/daughter may have.

I also grant to ITZ, its employees, organizers, representatives, and successors the right to take photographs/videos of the undersigned in connection with the above identified subject. I agree that ITZ may use such photographs/videos of the undersigned with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

#### Acknowledgment

I declare that I have read, understand, and agree to the contents of this Member Terms and Conditions in its entirety and/or the Liability Waiver. I understand that the Assumption of Risk, Waiver of Liability, and Basketball Skills Training Policies and Procedures are intended to be as broad and inclusive as permitted by the State of Washington and agree that if any portion is held invalid, the remainder will continue in full force and effect.

I accept the terms & conditions.

**Submit**