

TraxSolutions™ - Online Registration for Parents

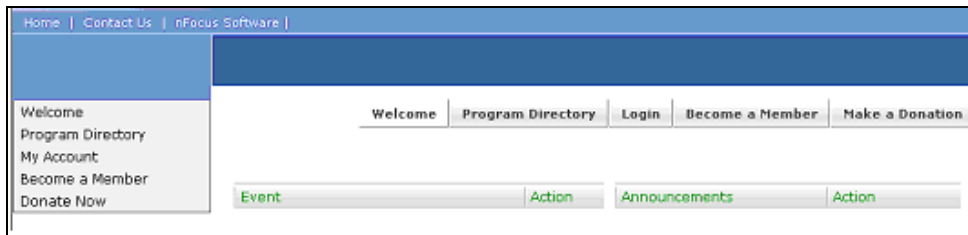
TraxSolutions allows Membership Registration and Activity Enrollment via the Internet with Online Registration. Membership Registration is the overall membership to the organization. Activity Enrollment is for specific sports or activities. Fees can be paid online or donations made online with MasterCard, Visa, American Express, or Discover credit cards.

Access Online Registration

Select the 'Register' link from the organization's website (link will look different for each organization)



The Online Registration home page will appear

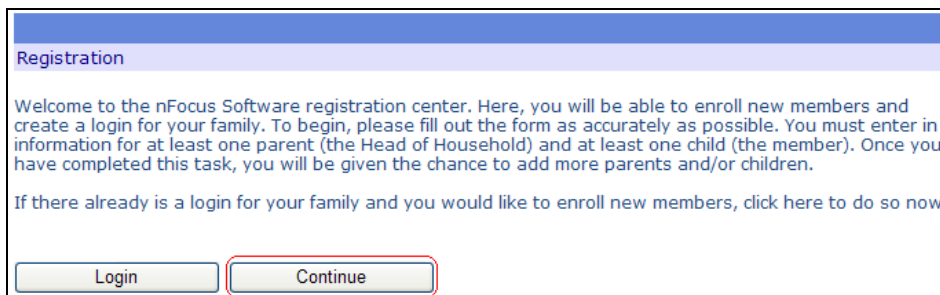


Add New Family

Select **Become a Member** tab from the Online Registration home page



Select **Continue** (NOTE: See Logon section of this document if you already have created or received a logon)



Enter the head of household information (Check the Volunteer box if you would like to volunteer as a coach)

Head of Household Information (Parent / Guardian)		
First name:	Last name:	Gender:
<input type="text" value="John"/>	<input type="text" value="Davidson"/>	<input type="text" value="Male"/>
Family income:	Address:	Address type:
<input type="text" value="\$0 - \$19,999"/> <input type="text" value="\$20,000 - \$27,999"/> <input checked="" type="text" value="\$28,000 - \$39,999"/> <input type="text" value="\$40,000 +"/>	<input type="text" value="1500 Main St."/>	<input type="text" value="Home"/>
	City	State
	<input type="text" value="Goodyear"/>	<input type="text" value="AZ"/>
	Zipcode	
	<input type="text" value="85338"/>	
Phone numbers(s):	Phone types:	
(<input type="text" value="623"/>) <input type="text" value="555-0000"/> ext. <input type="text"/>	<input type="text" value="Home"/>	
(<input type="text"/>) <input type="text"/> ext. <input type="text"/>	<input type="text"/>	
Family size	E-mail address	E-mail type
<input type="text" value="3"/>	<input type="text" value="j davidson@yahoo.com"/>	<input type="text" value="Home"/>
Employer	Job title	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Volunteer		
<input type="checkbox"/> I would like to volunteer as a coach.		

Enter other parent or guardian information (optional)

Other Parent / Guardian		
First name:	Last name:	Gender:
<input type="text" value="Samantha"/>	<input type="text" value="Davidson"/>	<input type="text" value="Female"/>
Address: (<input checked="" type="checkbox"/> Copy from head of household)	Address type:	
<input type="text" value="1500 Main St."/>	<input type="text" value="Home"/>	
City	State	Zipcode
<input type="text" value="Goodyear"/>	<input type="text" value="AZ"/>	<input type="text" value="85338"/>
Phone number(s): (<input checked="" type="checkbox"/> Copy from head of household)	Phone type:	
(<input type="text" value="623"/>) <input type="text" value="555-0000"/> ext. <input type="text"/>	<input type="text" value="Home"/>	
(<input type="text"/>) <input type="text"/> ext. <input type="text"/>	<input type="text"/>	
E-mail address	E-mail type	
<input type="text"/>	<input type="text"/>	
Employer	Job title	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter participant information

Member Information		
First name :	Middle name:	Last name :
<input type="text" value="Daniel"/>	<input type="text"/>	<input type="text" value="Davidson"/>
Nick name:	Birth date:	Social Security Number:
<input type="text"/>	<input type="text" value=""/>	<input type="text" value="123456789"/>
Gender:	Ethnicity:	
<input type="text" value="Male"/>	<input type="text" value="Caucasian"/>	
Pick up authorization password		
<input type="text"/>		
School	Grade	
<input type="text" value="Chaparral High School"/>	<input type="text" value="7"/>	
Household type	Family setting	Referring organization
<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistance programs	Address (<input checked="" type="checkbox"/> Copy from head of household)	
<input type="checkbox"/> TANF <input type="checkbox"/> Food stamps <input type="checkbox"/> General assistance <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Veterans compensation <input type="checkbox"/> Day care voucher <input type="checkbox"/> School lunch program <input type="checkbox"/> Medicaid <input type="checkbox"/> Can swim	<input type="text" value="1500 Main St."/> <input type="text" value="Goodyear"/> <input type="text" value="AZ"/> <input type="text" value="85338"/>	
	Address type	
	<input type="text" value="Home"/>	
	Phone number: (<input checked="" type="checkbox"/> Copy from head of household)	
	<input type="text" value="(623) 555-0000"/> <input type="text" value=""/> <input type="text" value=""/>	
	Phone type:	
	<input type="text" value="Home"/>	

Enter medical information (NOTE: Click **Select Hospital** to search for a hospital. Please search for a hospital before adding a new hospital.)

Medical Information	
Insurance company	Medications:
<input type="text"/>	<input type="text"/>
Insurance policy number	
<input type="text"/>	
Physician Information	Disabilities
Physician <input type="text"/>	<input type="checkbox"/> ADHD <input type="checkbox"/> AS <input type="checkbox"/> CP
Physician Phone <input type="text"/>	
Hospital Information	
click to select a hospital	

Enter any other information requested

Other Information		
Participant Interests	Interests-Baseball	<input type="checkbox"/>
	Interests-Basketball	<input type="checkbox"/>
	Interests-Crafts	<input type="checkbox"/>
	Interests-Dance	<input type="checkbox"/>
	Interests-Drama	<input type="checkbox"/>
	Interests-Exercise	<input type="checkbox"/>
	Interests-Football	<input type="checkbox"/>
	Interests-Music	<input type="checkbox"/>
	Interests-Sculpting	<input type="checkbox"/>
	Interests-Soccer	<input type="checkbox"/>
	Interests-Tutoring	<input type="checkbox"/>
	Interests-Water Fit	<input type="checkbox"/>
Permission to Leave	Allowed to leave	<input type="checkbox"/>
Permissions	Medical Release	<input type="checkbox"/>
Test	Test1	<input type="checkbox"/>

I have read the completed application, understand the rules of the TraxSolutions Sales and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the TraxSolutions Sales will not be responsible for any accident to the boy/girl while on the TraxSolutions Sales premises or while engaged in any of its activities away from the TraxSolutions Sales. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the TraxSolutions Sales may care to use them.

I agree to the above waiver.

Read disclaimer and check box to agree

I have read the completed application, understand the rules of the Ike's Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Ike's Club will not be responsible for any accident to the boy/girl while on the Ike's Club premises or while engaged in any of its activities away from the Ike's Club. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Ike's Club may care to use them.

I agree to the above waiver.

Enter the desired username and password for logon, enter email address for logon, and select **Save**

User Information	
User name :	<input type="text" value="j davidson"/>
Password :	<input type="password" value="••••••••"/>
E-mail address :	<input type="text" value="j davidson@yahoo.com"/>
<input type="button" value="Back"/> <input type="button" value="Save"/>	

The Household Information page will appear

Account Household Information				
Parents, Guardians & Members		Outstanding Charges		Teams
Parents and guardians of the household				
Name				Action
Davidson, John				Details
Davidson, Samantha				Details
Members of the household				
<input type="checkbox"/>	Member Number	Name	Expiration Date	Action
	37	Davidson, Daniel	N/A	Details
Add Parent/Guardian		Add Member		
Enroll Selected Members		Register Selected Members		

Logon

Select **Logon** from the Online Registration home page

Welcome	Program Directory	Logon	Become a Member	Make a Donation
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Enter username and password and select **Logon**

Log In	
User Name:	<input type="text" value="jsmith9"/>
Password:	<input type="password" value="••••••"/>
<input type="button" value="Log In"/>	
Forgot your password?	

Select Add/Parent Guardian or Add Member to add additional family participants

I would like to add a parent to this list.
I would like to add a member to this list.

Membership Registration

Select **My Account** tab after logging on

Welcome	Program Directory	Logout	My Account	Make a Donation	Shopping Cart
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Check box to the left of participant(s) to register and select **I would like to register the selected members for membership into...**

Parents, Guardians & Members Outstanding Charges Teams View Enrollments Payment History

Parents and guardians of the household

Name	Action
Simonis, Isaac	Details

Members of the household

	Member Number	Name	Expiration Date	Action
<input type="checkbox"/>	42	Simonis, Timothy	12/31/2009	Details

[I would like to change my password.](#)

[I would like to add a parent to this list.](#)

[I would like to add a member to this list.](#)

[I would like to enroll the selected members into activities.](#)

[I would like to register the selected members for membership into TraxSolutions Sales](#)

Choose Membership from dropdown and select **Add to Shopping Cart** after verifying End Date and Price

Member Registration

Select a family member

Member Name
Simonis, Timothy

Select an available membership enrollment for this family member. Then click the "Add to Shopping Cart" button, "Confirm", and "Continue". The youth may then be enrolled for program activities and events.


Membership: Annual Chartered Mer

End Date: 05/30/2009

Price: \$30.50

[Back](#) [Add to Shopping Cart](#)

Select **Confirm** to verify enrollment (NOTE: You must select **Confirm** for membership enrollments to be added.)

My Shopping Cart 

Last Name	First Name	Description	Price	Remove
Smith	Carolyn	Membership - Yearly	\$25.00	<input type="checkbox"/>
Total:			\$25.00	

Click the "confirm" button to submit your enrollment and registration. You will then have the option of paying online or at the facility.

[Continue Shopping](#) [Remove Selected Items](#) [Confirm](#)

Activity Enrollment

Select **My Account** after logging on



Check box to the left of participant(s) to enroll and select **Enroll Selected Members**

The screenshot shows the 'Parents, Guardians & Members' section. It includes tabs for 'Outstanding Charges', 'Teams', 'View Enrollments', and 'Payment History'. Below, there are sections for 'Parents and guardians of the household' and 'Members of the household'. A table lists members with columns for 'Member Number', 'Name', 'Expiration Date', and 'Action'. The checkbox for 'Simonis, Timothy' is checked and circled in red. Below the table, several links are listed, with 'I would like to enroll the selected members into activities.' circled in red.

Parents, Guardians & Members				
Parents and guardians of the household				
Name	Action			
Simonis, Isaac	Details			
Members of the household				
<input type="checkbox"/>	Member Number	Name	Expiration Date	Action
<input checked="" type="checkbox"/>	42	Simonis, Timothy	12/31/2009	Details

[I would like to change my password.](#)
[I would like to add a parent to this list.](#)
[I would like to add a member to this list.](#)
[I would like to enroll the selected members into activities.](#)
[I would like to register the selected members for membership into TraxSolutions Sales](#)

Click link of activity to enroll (or select Activity Search tab to search)



Verify activity information and select **Add Selected Items to Shopping Cart**

The screenshot shows the 'February Basketball' activity page. It displays 'Start Date: 1/29/2007', 'End Date: 2/28/2007', 'Availability: Open', and 'Price: \$10.00'. There is a 'Tell A Friend' button. Below this is the 'Family Member Enrollment' section with a table for member enrollment. The 'Add Selected Items to Shopping Cart' button is circled in red.

Name	Add Selected Items to Shopping Cart	Create a Buddy List
Smith, Carolyn	<input checked="" type="checkbox"/>	<input type="text"/>

[Add Selected Items to Shopping Cart](#)

Select **Continue Shopping** to add more enrollments or **Confirm** to pay

My Shopping Cart

Last Name	First Name	Description	Price	Remove
Smith	Carolyn	Basketball 2007 - February Basket...	\$10.00	<input type="checkbox"/>
Total:			\$10.00	

Click the "confirm" button to submit your enrollment and registration. You will then have the option of paying online or at the facility.

Pay Fees

Select **Outstanding Charges** from the My Account tab (or select Shopping Cart if items are current)

Account Household Information

Total Amount Owed: \$25.00

Select Make Payment

Outstanding Charges

Date	Name	Fee Type	Description	Amount Charged	Amount Due
07/30/2007	Smith, Debbie	Membership	Yearly- 07/30/2007 - 05/31/2008	\$25.00	\$25.00

Enter amounts to pay to the right of each item and select **Submit Payment** (NOTE: The payment will appear as YOUTH PROGRAM FEES on your credit card statement)

Account Payments

Please enter the amount you wish to pay for each charge. You may make partial payments against the charge (e.g. pay \$20.00 for a \$35.00 charge) but your enrollment may not be considered as final and approved until the balance is paid. If you have questions, please call nFocus Software.

This payment will appear as "Youth Program Fees" on your credit card statement.

Date	Name	Fee Type	Description	Amount Due	Amount Paid
07/30/2007	Smith, Debbie	Membership	Yearly- 07/30/2007 - 05/31/2008	\$25.00	\$25.00

Select type of credit card and enter credit card number, card identification number, and card expiration date (NOTE: The organization may charge a convenience or credit card fee)

Thank you for using the online registration. Your total is \$25.00. Please fill out the payment form below and click SUBMIT PAYMENT.

Amount * : \$25.00

Notes:

Type of Credit Card * :


Credit Card Number * :

For your security, we ask for a Card Identification Number:

Credit Card ID * :

Expiration Date * : / (Month/Year)

Here is a sample of how to find your card's ID number:



American Express: 4 digits on front of card

Enter billing information and select **Submit Payment**

Name as it appears on your Credit Card * :

Card * :

Billing Address * :

Apt/PO/Suite:

City * :

State * :

Zip Code * :

Phone * :

Verify payment information and select **Submit Payment**

Verify Payment

Please verify that the information displayed below is correct. Click Back to make changes or Submit Payment to continue.

Payment Information

Amount: \$25.00

Notes:

Type of Credit Card: MasterCard

Credit Card Number: #####5100

Expiration Date: 03/01/2011

Name on Credit Card: J Smith

Billing Address: 500 N. Litchfield Rd.

Apt/PO/Suite:

City: Goodyear

State: AZ

Zip Code: 85338

Phone: (623) 555-0000

Select **Click Here** link to view and print your receipt or **Continue Shopping**

[Click Here](#) to view your receipt.

View Enrollments

Select **View Enrollments** from the **My Account** area

Parents, Guardians & Members
Outstanding Charges
Teams
View Enrollments
Payment History

All current enrollments for the family will show

Parents, Guardians & Members
Outstanding Charges
Teams
View Enrollments
Payment History

Filter By

Current Enrollments ▼

Activity Enrollments

Name	Activity	Start Date	End Date
Simonis, Timothy	PAL Smarts	03/01/2009	06/30/2009

You can filter enrollments by Past Six Months or Future by using the **Filter By** dropdown

Filter By	▼
Current Enrollments	▼
Past Six Months Enrollments	
Current Enrollments	
Future Enrollments	

Update Parent or Participant Demographic Information

Select **My Account** tab after logging on

Welcome	Program Directory	Logout	My Account	Make a Donation	Shopping Cart
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Select **Details** link to the right of person to update

Parents, Guardians & Members	Outstanding Charges	Teams	View Enrollments	Payment History
Parents and guardians of the household				
Name	Action			
Simonis, Isaac	Details			
Members of the household				
<input type="checkbox"/>	Member Number	Name	Expiration Date	Action
	42	Simonis, Timothy	12/31/2009	Details

Select the **Edit** link to the right of Participant Information or View Parent Information

Member Information			(Edit)
First Name:	Middle Name:	Last Name:	
Carolyn		Smith	
Nick Name:	Birth Date:	Social Security Number:	
Gender:	Ethnicity:		
Pick up Authorization Password:			
Household Type:	Family Setting:	Referring Organization:	

Update information

Member Information		
First Name: Carolyn	Middle Name:	Last Name: Smith
Nick Name: <input type="text"/>	Birth Date: <input type="text"/> ... <input type="text"/>	Social Security Number: <input type="text"/>
Gender: Female <input type="button" value="v"/>	Ethnicity: Caucasian <input type="button" value="v"/>	
Pick up Authorization Password: <input type="text"/>		
Household Type: <input type="button" value="v"/>	Family Setting: <input type="button" value="v"/>	Referring Organization: <input type="button" value="v"/>

Select **Save** at the bottom of screen

<input type="button" value="Back"/>	<input type="button" value="Save"/>
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Verify that information has been updated

Member Information (Edit)		
First Name: Carolyn	Middle Name:	Last Name: Smith
Nick Name:	Birth Date:	Social Security Number:
Gender: Female	Ethnicity: Caucasian	
Pick up Authorization Password:		
Household Type:	Family Setting:	Referring Organization:

Update Parent or Participant Contact Information





Select **My Account** tab after logging on

<input type="button" value="Welcome"/>	<input type="button" value="Program Directory"/>	<input type="button" value="Logout"/>	<input type="button" value="My Account"/>	<input type="button" value="Make a Donation"/>	<input type="button" value="Shopping Cart"/>
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Select **Details** link to the right of person to update

Parents, Guardians & Members		Outstanding Charges	Teams	View Enrollments	Payment History
Parents and guardians of the household					
Name				Action	
Simonis, Isaac				Details	
Members of the household					
<input type="checkbox"/>	Member Number	Name	Expiration Date	Action	
<input type="checkbox"/>	42	Simonis, Timothy	12/31/2009	Details	

Scroll down and select the **Add** icon to add information or...

Address Type	Address	City	State	Zipcode	Primary	
Home	500 N. Litchfield Rd.	Goodyear	AZ	85338	yes	Edit Delete Make Primary
Phone Type	Area Code	Phone Number	Extension	Primary		
No phone number records found.						
E-mail Type	E-mail	Primary				
No e-mail records found.						
Contact	Relationship	Phone Number	E-mail Address			
There are no contacts for this person						

Select the **Edit**, **Delete**, or **Make Primary** links to update, remove, or change entry to primary

Address Type	Address	City	State	Zipcode	Primary	
Home	500 N. Litchfield Rd.	Goodyear	AZ	85338	yes	Edit Delete Make Primary
Phone Type	Area Code	Phone Number	Extension	Primary		
No phone number records found.						

Make Donations

Select **Make a Donation** tab

Welcome	Program Directory	Logout	My Account	Make a Donation	Shopping Cart
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Enter donation amount, credit card type, credit card number, card identification number, and expiration date

Donation Information

Amount * : 500.00

Notes:

Type of Credit Card * :
 VISA
 MasterCard
 American Express
 Discover

Credit Card Number * : 510*****

For your security, we ask for a Card Identification Number:

Credit Card ID * : 123

Expiration Date * : 12 / 2012 (Month/Year)

Enter billing information and select **Submit Donation**

Name as it appears on your Credit Card * : J Smith

Billing Address * : 500 N. Litchfield Rd.

Apt/PO/Suite:

City * : Goodyear

State * : AZ

Zip Code * : 85338

Phone * : (623) 555-0000

Verify donation information and select **Submit Donation**

Verify Donation Information

Please verify that the information displayed below is correct. Click Back to make changes or Submit Donation to continue.

Donation Information

Amount: \$500.00

Notes:

Type of Credit Card: MasterCard

Credit Card Number: #####5100

Expiration Date: 12/01/2012

Name on Credit Card: J Smith

Billing Address: 500 N. Litchfield Rd.

Apt/PO/Suite:

City: Goodyear

State: AZ

Zip Code: 85338

Phone: (623) 555-0000

View Team Information

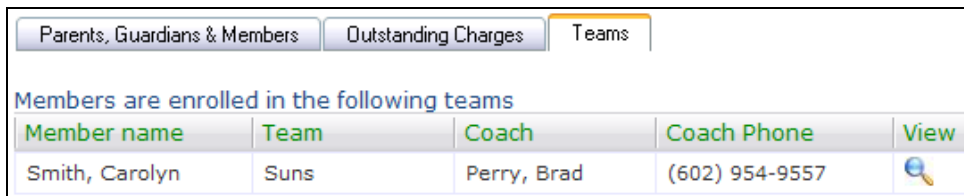
Select **My Account** tab after logging on



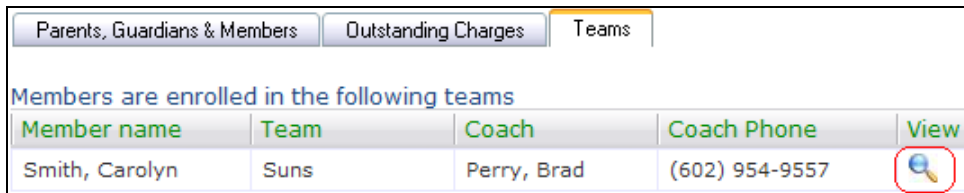
Select **Teams** tab



All assigned teams will appear



Select the **View** icon to view team information



Coach information will appear; select **Announcement**, **Roster**, or **Calendar** to view information

