

This document is intended to help prospective new BlueFin families register their swimmers for the Trial Swim. While going through this process, a family can sign more than 1 potential swimmer up by repeating a few of the steps below. The steps to repeat are identified in the process steps.

Please note that when going through the process, you will be creating an account that will allow you to register for the Trial Swim. This account will not have login rights to the BlueFins site until AFTER you have decided to join.

### Step 1: Click on the Register NOW button on the launch page.



#### Step 2:

Select the Radio button as below to allow you to create an account and associate an email address to it.

The account you associate is the one that will be used to log into the BlueFins site after you decide to join as well as the account that will be used to receive BlueFins communications.

TRIAL SWIM (FALL)	
I am not logged in but have an existing account I am a new user or I am not sure if I already have an account. This is the email I want to use Email janedoe@gmail.com	Choose the radio button to create an account and enter the email address you want to associate with your account.
Continue	Click Continue when done.



Please note: If you have previously requested information with this email address, the system may have already created an account for you already. If after entering your email address, the system indicates that you have an account but no password, click on "forgot password."

The system found "ja	nedoe@yahoo.com" has a valid account with th	ie Team. Please enter password below to login.	
Email	janedoe@yahoo.com		Click on "Forgot your password?"
Password	Forgot	t your password?	

The following screen will be displayed for you to confirm your email address.



Tea... (US) https://www.teamunify.com/ForgetPasswordSuccess.jsp?team=niwebs Password reset instructions have been successfully sent to your email address.

Please click Here to close this window.

New Password	
New Password: Confirm Password: Change Password	Enter and confirm password. Click on "Change Password."
New Password	
: Your Password has been Reset.	<b>Do NOT log into the website.</b> Go to the home page and access
You may Log in now.	the trial swim registration page. You may now use this password when prompted for it in the

registration system.



### Step 3:

You need to enter information related to Billing for the account. On the Billing tab fill in all fields that have a red asterisks (\*).

Create and verify a password for your account (if not already done in Step 2).
Create and verify a password for your account (if not already done in Step 2).
Enter contact name and address information in the Billing Information section. All fields with a red asterisks (*) are required.

#### Step 4:

Scroll to the Parents/Guardians and Insurance/Emergency Contact sections of the same window and complete the necessary information.

PARENTS/GUA	RDIANS	MOTHER/GUARDIA	12	Scroll to the Parents/Guardians section.
First Name Last Name Primary Phone	Jane Doe 444-4444	First Name Last Name Primary Phone	Jack Doe 444-4444	Enter information for the swimmer's guardians.
Alternate Phone	ID EMERGENCIES	Alternate Phone		Scroll to the Insurance / Emergency Contact section.
*Insurance Carrier *Insurance Phone *Emergency Contact	Med Insurance 666-6666 Ida No	←		Enter information for the swimmer's health insurance carrier.
*Emergency Phone	987-4321			Enter name and contact information for the swimmer's emergency contact.
Continue	Cancel			Click Continue when done.



Step 5:

Complete the Member Selection window for the trial swimmer. Click on "Add Member" and fill in information on all fields that have a red asterisks (\*).

Note: You will be able to add additional trial swimmers after completing the first one if you need to do so.

check the known members a	ssociated with your	r account that you'd	d like to register.				
Add New Member	1						
*First Name	John					Complete the form for the name of the	!
*Middle Name	Michael	(Enter * if no m	iddle name)			swimmer that you want to register for	tł
*Last Name	Doe					trial. All fields with a red asterisks (*) a	ir
Preferred Name	Johnny			4		required.	
*Gender	Male 💌						-
Athlete's Cell Phone							
*Birthday	01/02/2005	(MM/dd/yyyy)					
Age (on 08/26/2013)	8						
Physician Name	Dr. Duck						
Physician Office Phone	765-4321						
Medical							
Information/Notes					e		
Medication	none				^		
					-		-
				120103	/	Click on Select to register for the Tria	١£

#### Step 6:

You will be presented with a Registration Group window. Click on the Trial Swim group radio button. Click on Register the member to the Selected Group.



#### Step 7:

The completed New Swimmer Registration form should be filled out like this. Click Add to continue.



TRIAL SWIM (FALL) Please check the known members as	ssociated with your	account that you'd like to registe	e.	
Add New Member First Name Middle Name Last Name Preferred Name Gender Athlete's Cell Phone Birthday Age (on 08/26/2013) Physician Name Physician Office Phone Medical Information/Notes Medication *Register to this Group	John Michael Doe Male 01/02/2005 8 Dr. Duck 765-4321 none Trial.8wim	(Enter * if no middle name) (MM/dd/yyyy)	select	On the window that appears, click on "Add" to save the information.

#### Step 8:

The Registration for the swimmer is complete. If you are registering any additional swimmers click on the "Add New Member" button and repeat steps 5-7. If you are done adding swimmers, read and acknowledge the medical and liability agreements.

Account Setup	Member Selection	Fees Summary	Payment	Success	Σ	
TRIAL SW	IM (FALL)	th your account that you'd	like to register.			If you need to add additional Trial Swimmers, click on Add New Member and repeat steps 5-7.
V 🦛 John	Doe w Member					

Step 9:

When you are done adding swimmers, read and acknowledge the medical and liability agreements. Click Continue when done.



MEDICAL RELEASE WAIVER (PRINTER FRIENDLY VERSION) I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Webster Swim Association BlueFins to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.	
I hereby waive, release and forever discharge Webster Swim Association BlueFins and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Webster Swim Association BlueFins activities, whether or not damages roloss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.	Read the Medical Release Waiver and indicate your agreement by checking the box below it .
LIABILITY WAIVER (PRINTER FRIENDLY VERSION) By registering my child(ren) with the Webster Swim Association BlueFins, I agree to participate (or allow my child(ren) and family members to participate in the Webster Swim Association BlueFins, and hereby release Webster Swim Association	
BlueFins, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my children) and family members) while participating in the Webster Swim Association BlueFins program, including travel to and from training sessions, swim meets or other scheduled learn activities. I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my children) and/or other family members, or damage to my property, the property to my children) and/or other family members, or obth, while I (or my children)	Read the Liability Release Waiver and indicate your agreement by checking the box below it.
or family members) participating in the Webster Swim Association BlueFins program.           Image: Temperature         Image: Temperature	
Continue	Click "Continue" when done.

#### Step 10:

Review the data on the fee summary page. If any additions or corrections are needed, click on "Add/Edit Members." Otherwise, click on "Proceed to Checkout."

Account Setup Member Selection	Fees Summar	ry Payment	Suc	cess			
REGISTRATION FI Athlete to be registered	EES Add/Edit M Group Trial Swim Payment Method Credit Car	Iembers Birthdate 01/02/2005	Age 8	Gender Hale	Subtotat Totat	Fees Reg: \$20.00 <sup>1</sup> 20.00 <sup>1</sup> 20.00	Click on Add/Edit members if additions or corrections are needed.
TOTAL FEES		Regis	tration Fees	. (Payment by C G Pro	redit Card) rand Total: ceed to (	*20.00 *20.00 Checkout	If you are done registering swimmers, click on Proceed to Checkout.

### Step 11: Review the billing details on the Payment screen.



Aco	ount Setup Alember Selection Fees S	Summary Payment	Success	
TF	RIAL SWIM (FALL)			
Re	gistration Total 120.00			
	Edit Registration	Edit Cart		
	$\leftarrow$			
1/				
1	Billing Details			
	janedoe@gmail.com			
	Jane			
	Doe			
	555-5555			
	123 Any Street			
	street address two			
•	Any City			
•	NY		•	
	11111			
	United States		•	

#### Step 12:

Complete the credit card information at the bottom of the page.

<sup>2</sup> / Payment Information		
Your team registration fees of \$20.00 will be charged to your credit card immediately by this organ	nization.	
	Secured by J Otherstored click in very	Enter necessary credit card information. Required fields are identified with a red asterisk (*)
card security code		Click on "Submit Order" button to
	Submit Order	complete the transaction.

Step 13:

You will receive a confirmation message saying that you have completed the registration process. All you need to do is come to the pool to start your trial swim on the Monday the trial swim starts.