

P.O. Box 302 Killington, VT 05751 Phone: 1-866-466-9732 Fax: 802-440-3074

Public Side New Account Creation

To enter an account on the public side:

- 1. Click Create New Account
- 2. In the Adult, Parent, or Guardian information screen, enter the following required fields:

Adult, Parent or Guardian Information		
Account Creation Basics: Creating an account is a a registration by itself. Need help? Watch a video gu		r for activities. It is not
 Create an account. Enter the primary billin Add other members of your household from Visit the activities page and choose an activities 	m the Add/Edit Members link of your accou	unt.
Account Type: Household Organization Account Name: (Household Last Name) Smith Hint: family last name		
First Name:	Last Name: Smith	
Address: 100 South Main Street City: Testing	State/Province: Connecticut	Zip Code: 00000
Country:	Birth Date:	Gender:
U.S.A.	02/03/1975 (mm/dd/yyyy)	Male v
	Primary Phone: Ext:	Туре:
Billing Email Address:	(000) 123-4568	Home T

Watch a video guide.

Next Cancel

Account Type- Household or Organization

Account Name – Usually Household Last Name or Organization name if organizational account

First name and last name of the primary account holder

Address

City, State, Zip Code, Country (Default USA)

Birthdate and Gender

Billing Email Address

Primary Phone Number and **type**, which includes home, work, cell, and also special types such as mom, dad or guardian cell phone

Receive Email Notifications for Cancellations the following- default is checked, uncheck to opt out

After entering information click Next.



3. After clicking Next, there is a feature to automatically validate the address against known addresses. If the address cannot be confirmed, there will be a screen that gives suggestions for possible correct addresses. It also has an option that the address given was correct because an address can be correct, but for some reason, not in the postal service database. Select either the corrected address or The address I entered was Correct option and click next, or click the back button to make corrections to the address.

Once the address is found to be correct, clicking Next will proceed to the contact information screen.

Confirm Address- Showing an incorrect address

Confirm Address		
The following addr	ess could not be confirmed:	
Address Line 1:		
Address Line 1:	100 South Half Suber	
City:	Norwich	
State:	СТ	
Zip Code:	06360	
Country:	US	
,		
Select the option the	at applies:	
My address is: 100 MAIN ST, NORWICH, CT, 06360, US		
 My address is 	: 100 N MAIN ST, NORWICH, CT, 06360, US	
My address is	: 100 W MAIN ST, NORWICH, CT, 06360, US	
The address I	entered is correct.	
	Back Next Cancel	

4. Next, you will be asked to complete the contact information. If you had selected Cell as a phone type, you will be asked to select the carrier. There is a checkbox to receive text notifications also.

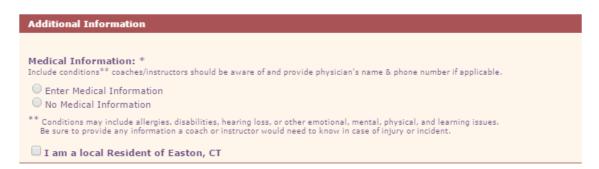




5. If you wish to add more phone numbers, check the Add Additional Phone #'s checkbox. The Add Additional email checkbox will allow more emails to be added. This example has both checkboxes checked:

Parent or Guardian Contact Info	ormation			
Primary Phone: Ext: (000) 123-4568	Type: Cell T	Alt. Phone 1:	Ext:	Type: Select ▼
Alt. Phone 2: Ext:	Type: Select	Alt. Phone 3:	Ext:	Type: Select V
🕑 Add Additional Phone #'s		🗹 Add Additional Er	nail	
Billing Email Address: jsmith@xxxxx.com	Receive Email Notification	-	:	
Secondary Email Address:	Cancellations 🗹 Ge	neral Announcements		
Emergency Contact:]	Emergency Contac	t Phone:	

- 6. Enter Emergency Contact name and phone number.
- 7. In the next section, Additional Information, go to Medical Information.



8. If you have no medical information to enter, click the option No Medical Information. If the member has a known medical condition, click the option to Enter Medical Information. This will open a textbox, enter any relevant medical information.



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Additional Information
Medical Information: * Include conditions ^{**} coaches/instructors should be aware of and provide physician's name & phone number if applicable.
O No Medical Information
** Conditions may include allergies, disabilities, hearing loss, or other emotional, mental, physical, and learning issues. Be sure to provide any information a coach or instructor would need to know in case of injury or incident.
I am a local Resident of Easton, CT

Note: If you entered Medical Information and wish to change it to no medical information, change the option, but this does not delete the text that was entered previously.

- 9. Also in additional information, there might be a checkbox for residential status, this might vary depending on your department.
- 10. Depending on your department, there might be questions to be answered. Please answer if they are present.
- 11. Public login information- enter username and password. The username is usually the email address.

Account Login Information						
Username: jsmith@xxxxx.com	Password:	Confirm Password:				

12. When all information is entered correctly, click submit to create the new account.