

Simply Register Online Registration

1. Click on the url link <https://www.simplyregister.net/register/?e=107599> or copy and paste the url into your Internet web browser. Complete Registrant's Information for the athlete and click Next.

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > Checkout > Receipt

Registrant's Information

First Name: Joe Initial: [] Last Name: Doe Suffix: []

Address: 123 ABC Street Apt./Line 2: #1 Country: USA City: Jersey City State: NJ Postal Code: 07305

Phone: 201-123-1234 E-mail: joedoe@comcast.net

Sex: male Date of Birth: 07/17/2000 Citizenship: USA

Affiliation / Team Name: Team ABC

Enter your team or Independent if you don't belong to a team

Click Next

Next →

2. Select your competition events.

Important: If you are a novice athlete or if you don't have a National Classification, select "Need Classification" from the Classification menu options for each of the events you are registering for.

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > Checkout > Receipt

Event	Price	Service Fee
<input checked="" type="checkbox"/> Fee per person	\$46.50	\$3.50
<input type="checkbox"/> Archery	--	--
<input type="checkbox"/> Powerlifting - Powerlift Press	--	--
<input type="checkbox"/> Track - 60 Meters (Sunday)	--	--
<input type="checkbox"/> Track - 60 Meters Weave (Sunday)	--	--
<input type="checkbox"/> Track - 100 Meters (Saturday)	--	--
<input type="checkbox"/> Track - 100 Meters (Sunday)	--	--
<input type="checkbox"/> Track - 200 Meters (Saturday)	--	--
<input type="checkbox"/> Track - 200 Meters (Sunday)	--	--

← Back Next →

3. For Archery events select your classification, bow type and specify if you use a bow stand.

The screenshot shows the 'Events' section of the registration form. The 'Event' dropdown is set to 'Archery'. Below it, there are several fields: 'Division' (Cadet), 'Classification' (W1), 'Bow Type' (Recurve), and 'Bowstand' (no). Callout boxes point to these fields with the following text: 'Select Archery' points to the Event dropdown; 'Select your archery classification' points to the Classification dropdown; and 'Select your Bow Type' points to the Bow Type dropdown. The 'Fee per person' is \$46.50 and the 'Service Fee' is \$3.50. Other events like 'Powerlifting - Powerlift Press' and 'Track - 60 Meters (Sunday)' are listed below with checkboxes. 'Back' and 'Next' buttons are at the bottom.

4. For Powerlifting specify your weight in lbs.

The screenshot shows the 'Events' section of the registration form. The 'Event' dropdown is set to 'Powerlifting'. Below it, there is a text input field for 'Your weight (in lbs.):' with the value '110'. Callout boxes point to these fields with the following text: 'Select Powerlifting' points to the Event dropdown; and 'Specify your weight in lbs' points to the weight input field. Other events like 'Track - 60 Meters (Sunday)', 'Track - 60 Meters Weave (Sunday)', 'Track - 100 Meters (Saturday)', 'Track - 100 Meters (Sunday)', 'Track - 200 Meters (Saturday)', 'Track - 200 Meters (Sunday)', and 'Track - 400 Meters (Saturday)' are listed below with checkboxes. 'Back' and 'Next' buttons are at the bottom.

- For Track select the events you will be competing on Saturday and/or Sunday. Select your classification for each track event. There will be two track competition events; an Open Track Event on Saturday, May 28 for elite/emerging athletes who meet the defined qualifying standards and another track competition on Sunday, May 29 for all athletes. If you are competing on the Open Track Events on Saturday you will also need to provide your personal best.

Select your events for the Open Track competition on Saturday

Select your events for the Track competition on Sunday

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

Track - 60 Meters (Sunday) -- --

Track - 60 Meters Weave (Sunday) -- --

Track - 100 Meters (Saturday) -- --

Time/mark:

Classification:

Track - 100 Meters (Sunday) -- --

Division:

Classification:

Track - 200 Meters (Saturday) -- --

Enter Personal Best

Select your track classification

Select your track classification

- For Field select the events and select your classification for each field event.

Select your Field events

Select your Field classification

Select your Field classification

Click Next

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

Field - Shot Put -- --

Division:

Classification:

Field - Discus -- --

Division:

Classification:

Field - Javelin -- --

Field - Club Throw -- --

Field - ... -- --

Select your Field classification

Select your Field classification

Click Next

7. Answer the following Questions.

Note: The classification question applies to novice athletes competing for the first time or athletes without a National Classification.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > Checkout > Receipt

Questions

* = required

IPC License No./SDMS
11581

WASUSA / Adaptive Sports USA Number (For Junior Age Divisions U7-U23)
24449

What is your disability? *
Spina Bifida

If other, enter your disability

Do you require classification? *
Yes

Back Next

If you have an International Classification provide your IPC License Number/SDMS

Provide your WASUSA / Adaptive Sports USA Number

Specify if you need a National Classification

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > Checkout > Receipt

What is your disability: *
Spina Bifida

If other, enter your disability

Do you require classification? *
Yes

If yes, enter the sport(s) for which you need classification (i.e.: Track, Field, and/or Archery)
Track and Field

Alternate Phone Number
201-123-4567

Please specify if you have any food allergies or dietary restrictions
Peanuts and Lactose Intolerant

Back Next

Specify the sport(s) you are need of a classification

Specify if you have any food allergies or dietary restrictions. The LOC will do their best to accommodate your request

Click Next

- Review the registration information. Check the box next to each waiver to indicate you have read, understand and accept the terms. Scroll down to continue reviewing the registration.

Tri-State Wheelchair & Ambulatory Games | [New Registration](#) | [Manage My Registration](#)

Registrant > **Events** > **Add-Ons** > **Review** > **Checkout**

Here's the information you've entered so far. If you want to change any of it, click the Edit button beside that section.

Registrant **EDIT** **Waivers**

Name: Joe Doe
Address: 123 ABC Street, #1
 Jersey City, NJ 07305 USA
Phone: 201-123-1234
E-mail: joedoe@comcast.net
Sex: male
Date of Birth: July 17, 2000
Citizenship: USA
Affiliation: Team ABC

Registration For

Name: Tri-State Wheelchair & Ambulatory Games

Waivers

- Release of Liability ***
 In consideration of acceptance of this entry form, I/we hereby for ourselves, our next of kin, heirs, assigns, waive and release any and all claims against Adaptive Sports USA, Tri-State Wheelchair Athletic Association, Kessler Foundation, North Jersey Navigators, Pascack Valley Regional High School District, and any co-sponsoring entities, all of their officers, directors, members, officials, volunteers, agents and/or employees for all injuries and/or expenses incurred by me/us at the Tri-State Wheelchair & Ambulatory Games to be held May 27-29, 2016.
- Permission to Photograph/Video ***
 I hereby authorize the Games Committee to take

[Back](#) | [Add another registrant](#) | [Checkout](#)

Click the Edit Button if you need to change any of the Registrant information entered at the beginning of the registration

Release of Liability Check Box

Permission to Photograph/Video Check Box

Tri-State Wheelchair & Ambulatory Games | [New Registration](#) | [Manage My Registration](#)

Registrant > **Events** > **Add-Ons** > **Review** > **Checkout**

Events **EDIT**

Registered: Fee per person
 - Division: Cadet
 - Classification: W1
 - Bow Type: Recurve
 - Bowstand: no
 Powerlifting - Powerlift Press
 - Your weight (in lbs.): 110
 Track - 100 Meters (Saturday)
 - Time/mark: 17.55
 - Classification: T53
 Track - 100 Meters (Sunday)
 - Division: U18
 - Classification: T53
 Field - Shot Put
 - Division: U18
 - Classification: F55
 Field - Discus
 - Division: U18
 - Classification: F55

Waivers

- Registration Services ***
 Registration services are being provided by SimplyRegister, Inc. By checking this box, I have read and agree to all of the provisions contained therein.
- Cancellation and Refund Policy ***
 No online refunds are available for this event. Please contact the event organizer with questions or for more information (including inclement weather policies).

Privacy Policy

The event for which you are registering is using SimplyRegister to handle its registrations. Please read

[Back](#) | [Add another registrant](#) | [Checkout](#)

Click the Edit Button if you need to modify any of the events you registered for

Registration Services Check Box

Cancellation and Refund Policy Check

9. Scroll down to continue to reviewing the registration information.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons **Review** Checkout Receipt

Add-Ons EDIT

Questions: Competing as: C - Disabled Athlete
License No./SDMS: 11581
WAUSA / Adaptive Sports USA Number (U7-U23): 24449
What is your disability?: Spina Bifida
If other, enter your disability: Do you require classification?: yes
If yes, enter the sport(s) for which you need classification (i.e.: Track, Field, and/or Archery): Track and Field
USATF Number:
Alternate phone number: 201-123-4567
Please specify if you have any food allergies or dietary restrictions: Peanuts and Lactose

Delivery Policy
The confirmation screen and/or e-mail confirmation you receive will serve as proof of your registration. If you purchased any add-on items or if anything extra is included as part of your registration, those items will be available/delivered as specified by the event organizer. Please contact the event organizer with questions or for more information.

Customer Service
For questions about this event and/or tation, contact Jimmy Cuevas at jcuevas@cast.net or 201-435-1688, or visit [the site](#).

Back Add another registrant Checkout

Click the Edit Button if you need to change any of the answered questions

Click "Add another registrant" if you are registering more than one athlete, otherwise, click "Checkout"

10. If registering another athlete enter the registrant's information and repeat Steps 2-9 above. If not registering another athlete then continue with Step 12 below.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review **Checkout (1)** Receipt

Registrant's Information

First Name Initial Last Name Suffix
Address Apt./Line 2 Country City State Postal Code
Phone E-mail
Sex Date of Birth Citizenship
Affiliation / Team Name

Next

11. If registering another athlete click “Add a new registrant” and repeat the steps to register another athlete. Otherwise, click “Checkout”.

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > **Checkout** > Receipt

Listing of Registrants

Click on a name to update that person's registration; or click the Checkout button to go to checkout. Registrations in **bold** have not been saved yet

- >> **Joe Doe**
- >> **Joe Doe**
- >> [Add a new registrant](#)

Click “Add a new registrant” link if you are registering another athlete, otherwise, click “Checkout”

Click “Checkout” if you are not registering another athlete

Checkout →

12. Enter the payment information and check the box to authorize SimplyRegister to collect the payment, and scroll down.

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > **Checkout** > Receipt

Payment Information

Amount: \$50.00 (USD)

Tender: credit card

Card type: Visa

Card number: 123456789

Expiration: 1 - Jan 2017

Security code: ●●●

Cardholder: Joe Doe

Address: 123 ABC Street

Country: USA

Postal Code: 07305

I authorize SimplyRegister, Inc. to charge and collect payment for the amount shown above.

Payment Authorization Check Box

Summary of Fees for this Transaction

Events	Price Ea.	Fee Ea.	Subtotal	Qty.	Total
Fee per person	\$46.50	\$3.50	\$50.00	1	\$50.00
Archery	\$0.00	--	\$0.00	1	\$0.00
Powerlifting - Powerlift Press	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Saturday)	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Sunday)	\$0.00	--	\$0.00	1	\$0.00
Field - Shot Put	\$0.00	--	\$0.00	1	\$0.00
Field - Discus	\$0.00	--	\$0.00	1	\$0.00
Total:					\$50.00

Your payment information is secured using industry-standard SSL encryption during transmission across the Internet

Click the Finish button to finalize your registration and submit your payment. Please click only once!

Back **Finish**

13. Enter the email address for the payment confirmation and the registration confirmation & receipt. Click Finish.

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > **Checkout** > Receipt

Card type:
 Card number:
 Expiration:
 Security code:
 Cardholder:
 Address:
 Country:
 Postal Code:

Archery	\$0.00	--	\$0.00	1	\$0.00
Powerlifting - Powerlift Press	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Saturday)	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Sunday)	\$0.00	--	\$0.00	1	\$0.00
Field - Shot Put	\$0.00	--	\$0.00	1	\$0.00
Field - Discus	\$0.00	--	\$0.00	1	\$0.00
Total:					\$50.00

E-mail for Payment Confirmation:

 (If this option is used, the registrant also will receive an e-mail confirmation, but without payment details.)

Click the Finish button to finalize your registration and submit your payment. Please click only once!

Enter email address for payment confirmation

Click Finish

14. Registration Confirmation & Receipt

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > Checkout > **Receipt**

Registration Confirmation & Receipt

[Print this page](#) for your records.

Payment Details

Transaction ID: 79840607
 Date: 3/16/2016 9:32:45 PM US Mountain Standard Time
 Type: Purchase
 Amount: \$50.00 (USD)
 Card: Visa ending in 6789
 Merchant: SimplyRegister, Inc.
 412 W. State Road 234, Jamestown, IN 46147 USA
www.simplyregister.net

Note: This transaction may appear on your account statement as "SR-Desert Challenge Games"

Summary of Fees for this Transaction

	Price Ea.	Fee Ea.	Subtotal	Qty.	Total
Events					

FEEDBACK

Please rate the registration process:

excellent
 very good
 good
 fair
 poor

Comments? [Tell us](#)

46th Tri-State Wheelchair and Ambulatory Games - May 27-29, 2016

Tri-State Wheelchair & Ambulatory Games
[New Registration](#)
[Manage My Registration](#)

Registrant >
Events >
Add-Ons >
Review >
Checkout >
Receipt

Fee per person	\$46.50	\$3.50	\$50.00	1	\$50.00
Archery	\$0.00	--	\$0.00	1	\$0.00
Powerlifting - Powerlift Press	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Saturday)	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Sunday)	\$0.00	--	\$0.00	1	\$0.00
Field - Shot Put	\$0.00	--	\$0.00	1	\$0.00
Field - Discus	\$0.00	--	\$0.00	1	\$0.00
Total:					\$50.00

Registration For

Name: Tri-State Wheelchair & Ambulatory Games
Location: Pascack Valley High School - Hillsdale, NJ, USA
Date: 5/27/2016 - 5/29/2016

Other Information