Step-by-Step Guide: Creating an Account on Scribe Championreg.com



 If you already have an account with the Tip: To retrieve your account number of Tip: Parents need to create an account of the tip: Parents need to create an account of tip: Parents need to crea	he gym simply: Log In Imber and password: Click on "Log In" above, then clic account before creating a participant profile. Please us
CREATE AN ACCOUNT	
Are you a	► First Name
Account Name (e.g Nick Name, Family Name)	
Phone	Gender
Address	

Click "Parent/Guardian". Accounts need to be setup as parent/guardian prior to creating athlete profile.

 Tip: To retrieve your account number and password: Click on "Log In" above, then click o Tip Parents need to create an account before creating a participant profile. Please use y 	
CREATE AN ACCOUNT	
Are you a	
Select	✓ First Name
FarenVG ardian	
Participant	
Public School	Gender
Private School	FEMALE
College	
National_Governing_Body	
Non profit Association	Otata

4

5 Submit Regist	ration Insurance Policy # 111111111
	Physician Phone 111111111
	Emergency Contact Number 1111111
	SUBMIT REGISTRATION

steve13@regchamp.com	
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 Remember Me LOG IN Forgot Password? Don't have an account? Click HERE to Create Account Download Android App Questions? 	

Click "View Participants" from your homepage.

7

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ne to Sally Glass		
	1	0
sistrations View	Total Family Members	Teams
coming Classes	View Participants	
HEDULE	:	ACTIVI
3 Dec, 1:30 pm December 1-Day Clinic- Intro to Cheer- December 3rd	1 from 1:30pm-2:25pm	Nam
		Dec 1:30

8 Click "ADD PARTICIPANTS"

Champ Gym Sys 🧿 🏓 🗭 🏚
Add Participant
+ ADD PARTICIPANTS

Enter Athlete's Information

	Search	
_{elcome} ally Glass	Participant Setup	
1 💄 🏟 🔁 1012 - 1227	ADD NEW PARTICIPANT	
GATION		
	Profile Info	
pants	+ First Name *	Last Name *
łS	+ Gender * FEMALE	BirthDate
ule		
ts	Hide No Yes	stever13@regcham
nent		
	Unload Profile Image/Enter Profile LIRI	

10 Leave Athlete Email Field Bla	ank
	Last Name * Johnson
-	BirthDate
	Email steve13@regchamp.com
Profile URL EDIT PHOTO	
	Policy #

11 You can also leave password field blank.

Type * PLEASE SELECT
Primary Phone # *
Paceurad

12 Click "Save" once you have filled out the required fields.

Reports	Insurance Details	
Statement	Company Name	Policy
	Physician Details	
	Name	Phone
	Emergency	
	Contact Name	Contac
	CANCEL	