



Welcome Back!

Your Member ID is:



**Important Updates:** You have 6 new Update Messages! [Click here](#) to view them.

### Registration Menu

#### Umpires

[Go To My Umpire Page](#)

#### Individually Registered Teams

[View My Teams](#)

[Add Team](#)

#### Individually Registered Leagues

[View My Leagues](#)

[Add League](#)

**Teams** - Please contact your local association to learn more about becoming an ASA Sactioned Only Team.

Start by going to your team.  
Note: your team is required to have at least one approved member

#### Umpire Contact

Name:  
Association:  
Phone:  
Email:

[Background Check](#) [ACE Certification](#) **[My Teams](#)**

### My Teams

2016 Year  
 2015 Year

[Select All](#) [Unselect All](#) [Select all on the page](#) [Unselect all on the page](#) [Export To Pdf](#) [Export To Excel](#) [Refresh Grid](#)

Drag a column header here to group by that column

#	Team Name	Status	Status Date	Mbr Count	Issues	Roster	Insurance	Classification	Group/League	Season
<input type="checkbox"/>	<a href="#">Test</a>	Attenc	8/15/2016	13	<a href="#">Yes</a>	Not Submitted	Not Submitted	Girls Fast Pitch - Unclassified	JO / Alva Softball	2016 Year
<input type="checkbox"/>	<a href="#">Delaware Magic South 14U</a>	Approved	8/30/2016	15	<a href="#">Yes</a>	Approved	Approved	Girls Class A Fast Pitch 14/Under	JO - Travel / Central	2016 Year

[Create Filter](#)

# Bat Busters Approved

Team ID: 66540

[Invoice Preview](#)

## Standard Roster

Invoice(s): [125629](#)

[View Issues](#)

Click the "Request Additional Insured" option, then the "Go" button.

*Click Go to initiate your selection.*

*Click Open to view your selection.*

--Team Actions--

--Printable Documents--

- Team Actions--
- Card Reprint Order (Approved Members)
- Photo Upgrade Submit
- Remove Selected
- Request Additional Insured**
- View PayPal Avail Invoices

#	Photo	PersonID	Name	Role	DOB	BG	ACE	Conc	Birth C	Paid	Inv	Status	Status Date	BG Status
<input type="checkbox"/>		902259	<a href="#">First Last</a>	Team Administrator	5/25/1977							Approved	12/1/2015	Cleared
<input type="checkbox"/>		902270	<a href="#">Liam Hill</a>	Coach	5/25/1980					✓	125629	Approved	12/1/2015	Not Started
<input type="checkbox"/>		902259	<a href="#">First Last</a>	Head Coach	5/25/1977					✓	125629	Approved	12/1/2015	Cleared
<input type="checkbox"/>		902260	<a href="#">Samantha Evans</a>	Player	9/14/2000				✓	✓	125629	Approved	12/1/2015	
<input type="checkbox"/>		902269	<a href="#">Emily Gomez</a>	Player	6/6/2000				✓	✓	125629	Approved	12/1/2015	
<input type="checkbox"/>		902265	<a href="#">Sophia Jackson</a>	Player	6/22/2000				✓	✓	125629	Approved	12/1/2015	
<input type="checkbox"/>		902264	<a href="#">Lauren Lake</a>	Player	4/23/2000				✓	✓	125629	Approved	12/1/2015	

## Shootout

Print Team Ins.Cert

Return

Add New

Approve

Deny

### Additional Insured Requests

Drag column header here to group by that column

#	Status	Main Req
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#### Add New Request

**Each Additional Insurance request should pertain to a single entity (school district, organization, complex, institution, etc.)**

Main Requester (Organization, Institution, etc. Max 150 Characters)

Please enter the name of the addt'l insured above

Requester Address

Please enter the address

Requester City, State, & Zip

Please enter the CSZ

Additional Information (Max 50 Characters)

Optional

Submit

Close

Click the Add New button and Fill out the window that appears.

Once your local commissioner approves your request, you will be able to print the updated insurance certificate.

## Shootout

Print Team Ins.Cert

Return

Add New

Approve

Deny

### Additional Insured Requests

Drag a column header here to group by that column

#			Status	Main Req	Address	CSZ	Alt Req
<input type="checkbox"/>	<a href="#">Edit</a>	<a href="#">Print</a>	Approved	Park District	4444 East	CA 94550	



