



REC SOCCER

GOOD FOR THE SOL!

REGISTER FOR THE FALL 2026 SEASON

Season starts in August 2026!

Open to children 5-18 years of age during the season.

**VOLUNTEER
TO COACH!**



SCAN TO REGISTER



WALK UP REGISTRATION & GEAR SWAP DAY

April 26th
10:00am – 12:00pm
La Colonia Park
715 Valley Ave, Solana Beach



REGISTRATION FEES*

Early Bird Discount!
\$250 - Register by June 12th
\$325 Regular Registration Fee
***Scholarships are available.**

www.SolanaBeachSoccerClub.com



Solana Beach Soccer Club - PO Box 409 - Solana Beach, CA 92075



MAIL-IN REGISTRATION FORM AND WAIVER

1. Complete the US Club Soccer Registration / Waiver Form
2. Sign and Date
 - Must be signed by parent or guardian since form also acts as Medical Release and Waiver
3. Please include information regarding "Play-Up Request" or "Play Down Request" (if applicable)
4. Please include request for scholarship (if applicable)
5. Mailing Address: SBSC, PO Box 409, Solana Beach, CA 92075

Additional Documents:

The registration packet includes additional documents (English and Spanish versions).

- Acknowledge (sign) receipt of: Concussion, Sudden Cardiac Arrest, and Prescription Opioid Information Sheets.
- Safe Sport Course Offered acknowledgement (sign).
- By signing the Registration / Waiver you acknowledge receipt of (1) Refund Policy, (2) Red Card Policy, (3) Code of Conduct, and (4) Privacy Policy. Copies of these can be found on SBSC's website (<https://solanabeachsoccerclub.sportngin.com/registrationpolicies>).

Specific Team / Coach Requests:

- For U7 / Micro: SBSC will accept requests for players to be placed on a team with another player or with a particular coach. We will do our best to honor such requests.
- For U8 and older: SBSC's policy is not to accept a request for a player to be placed on the same team as another player, except (1) in the case of siblings of the same gender in the same division or (2) where the parents of the players have volunteered to serve as head and assistant coach of the same team (each team has only 1 head coach and only 1 assistant coach).



US Club Soccer Form R002
Player Information, Medical Treatment Authorization,
Liability Waiver/Release and Consent Form

To be retained by the US Club Soccer member organization for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Member Organization / Club Name: Solana Beach Soccer Club State: CA

School and Grade in Fall 2026 _____

Player information:

Full name: _____ Birth Date: _____ Gender: Female Male

Street address: _____ City: _____

State: _____ ZIP Code: _____ Email address (for adult player only): N/A

Allergies: _____

Other medical conditions: _____

Physician: N/A Phone #1: () N/A Phone #2: () N/A

Medical/Hospital Insurance Company: N/A Phone #: () N/A

Policy Holder's Name: N/A Policy Number: N/A

To be completed for non-adult players: Parent Information

Parent/Guardian #1 Name: _____ Phone #1: () _____ Phone #1 Type: _____

Email Address: _____ Phone #2: () _____ Phone #2 Type: _____

Parent/Guardian #2 Name: (Optional) _____ Phone #1: () _____ Phone #1 Type: _____

Email Address: _____ Phone #2: () _____ Phone #2 Type: _____

In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:

Name: _____ Phone #1: () _____ Phone #2: () _____

Name: (Optional) _____ Phone #1: () _____ Phone #2: () _____

In signing below, I hereby consent to the above-named member organization/club registering me or my child or guardian, as applicable, with US Club Soccer. I understand that a player may be registered to only one US Club Soccer member organization/club at any time.

Medical Treatment Authorization and Liability Waiver/Release: I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all US Club Soccer programs without restriction or condition. **To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, the National Association of Competitive Soccer Clubs (dba US Club Soccer), its agents, contractors and sponsors, U.S. Soccer and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.**

Privacy Policy & Terms of Use: I acknowledge and agree that I have read, understand and agree to US Club Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at usclubsoccer.org. The Policy describes US Club Soccer practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy and any successor Policy then-in-effect.

AGREED AND ACCEPTED: I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form.

Signature of player (if an adult) or parent/guardian (if player is a minor)

Relation to player (if applicable)

Printed name of signee

Date

IMPORTANT NOTICE: ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL US CLUB SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [usclubsoccer.org]. **AND ALL SBSC POLICIES AND RULES WHICH CAN BE FOUND ON OUR WEBSITE.**

CONCUSSION AND HEAD INJURY INFORMATION SHEET

(A) Head injuries and their potential consequences.

The severity of a traumatic brain injury (TBI) may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of unconsciousness or amnesia after the injury).

A TBI can cause a wide range of functional short- or long-term changes affecting: **Thinking** (i.e., memory and reasoning); **Sensation** (i.e., sight and balance); **Language** (i.e., communication, expression, and understanding); and **Emotion** (i.e., depression, anxiety, personality changes, aggression, acting out, and social inappropriateness).

A TBI can also cause epilepsy and increase the risk for conditions such as Alzheimer’s disease, Parkinson’s disease, and other brain disorders.

About 75% of TBIs that occur each year are concussions or other forms of mild TBI. Repeated mild TBIs occurring over an extended period of time can result in cumulative neurological and cognitive deficits. Repeated mild TBIs occurring within a short period of time (i.e., hours, days, or weeks) can be catastrophic or fatal.

(B) The signs and symptoms of a concussion.

Symptoms usually fall into four categories:

1. **Thinking/Remembering:** Difficulty thinking clearly; Feeling slowed down; Difficulty concentrating; Difficulty remembering new information.
2. **Physical:** Headache, fuzzy or blurry vision; Nausea or vomiting (early on); Sensitivity to noise or light, balance problems; Feeling tired, having no energy.
3. Some of these symptoms may appear right away. Others may not be noticed for days or months after the injury, or until the person resumes their everyday life. Sometimes, people do not recognize or admit that they are having problems. Others may not understand their problems and how the symptoms they are experiencing impact their daily activities.
4. The signs and symptoms of a concussion can be difficult to sort out. Early on, problems may be overlooked by the person with the concussion, family members, or doctors. People may look fine even though they are acting or feeling differently.

(C) Best practices for removal of an athlete from an athletic activity after a suspected concussion.

1. Remove athlete from play.
2. Keep athlete out of play the day of the injury. The athlete should be seen by a health care provider.
3. Do not try to judge the injury yourself. Only a health care provider should assess an athlete for a possible concussion.

(D) Steps for returning an athlete to school and athletic activity after a concussion or head injury.

1. The athlete should return to play only with permission from a health care provider who is experienced in evaluating for concussions.
2. Ask the health care provider for written instructions on helping the athlete return to school and return-to-play.
3. Give the instructions to the school nurse and teacher(s) and the return-to-play instructions to the coach and/or athletic trainer.

SUDDEN CARDIAC ARREST INFORMATION SHEET

(A) Cardiac conditions and their potential consequences.

Sudden Cardiac Arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart’s structure.

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

(B) The signs and symptoms of sudden cardiac arrest.

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

Who is at risk for sudden cardiac arrest? SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk.

Recognize the Signs & Risk Factors: Tell your coach and consult your doctor if these conditions are present in your student-athlete.

Potential Indicators That SCA May Occur:

Fainting or seizure, especially during or right after exercise; Fainting repeatedly or with excitement or startle; Excessive shortness of breath during exercise; Racing or fluttering heart palpitations or irregular heartbeat; Repeated dizziness or lightheadedness; Chest pain or discomfort with excessive exercise, unexpected fatigue during or after exercise.

(C) Best practices for removal of an athlete from an athletic activity after fainting or if a suspected cardiac condition is observed.

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a physician, surgeon, nurse practitioner or physician assistant. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor’s feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

(D) Steps for returning an athlete to an athletic activity after the athlete faints or experiences a cardiac condition.

Student athletes must be evaluated and cleared by a physician, surgeon, nurse practitioner or physician’s assistant to return to play.

(E) What to do in the event of a cardiac emergency:

1. **Recognition of Sudden Cardiac Arrest.** Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.
2. **Call 9-1-1.** Follow emergency dispatcher’s instructions. Call any on-site Emergency Responders.
3. **Hands-Only CPR.** Begin CPR immediately. Hands only CPR involves fast and continual two-inch chest compressions - about 100 per minute.
4. **Defibrillation.** Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ATHLETE SIGNATURE: _____ DATE: _____

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

As many as 1 in 4 PEOPLE receiving prescription opioids long term in a primary care setting struggles with addiction.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief.
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped.
- Increased sensitivity to pain.
- Constipation, nausea, vomiting, and dry mouth.
- Sleepiness and dizziness.
- Confusion.
- Depression.
- Low levels of testosterone that can result in lower sex drive, energy, and strength.
- Itching and sweating.

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options may actually work better and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen.
- Some medications that are also used for depression or seizures
- Physical therapy and exercise.
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose.
- Mental health conditions (such as depression or anxiety).
- Sleep apnea.
- Older age (65 years or older).
- Pregnancy.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

Be Informed! Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ATHLETE SIGNATURE: _____ DATE: _____



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

Acknowledge that the Youth Safe Sport course was offered:

Parent / Guardian Name (Print)

Parent / Guardian Signature

Date

U.S. Center for Safe Sport Training

U.S. Congress passed a comprehensive law, in 2017 (the “SafeSport Act”), focused on protecting athletes that are minors. In turn U.S. Soccer (and all U.S. Olympic National Governing Bodies – NGB) and its members (Cal South) will be utilizing U.S. Center for SafeSport to meet the requirement of the SafeSport Act to offer consistent training to adult members who are in regular contact with amateur athletes who are minors.

The U.S. Center for SafeSport is an independent 501c(3) non-profit organization focused on ending all forms of abuse in sport. We endeavor to make athlete well-being the centerpiece of the nation’s sports culture through abuse prevention, education, and accountability.

The Center opened its doors in Denver, Colorado, in March 2017, and soon after became federally authorized under the Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017 (which became Public Law No: 115-126 on February 14, 2018). Under this law, we develop resources and policies to safeguard athletes from bullying, harassment, hazing, physical abuse, emotional abuse, sexual abuse, and sexual misconduct. The law entrusts the Center as the exclusive authority to respond to reports of allegations of sexual abuse and sexual misconduct within the United States Olympic & Paralympic Committee and their recognized National Governing Bodies (NGBs).

The Center is a trusted educational resource for all sport entities at all levels of sport from grassroots amateur sports organizations to professional leagues.

Coaches, assistant coaches, and club/league managers are required to complete a SafeSport training course or refresher course as appropriate, on an annual basis before the season begins. Both courses are online.

Players who are 18 years old are also required to complete the SafeSport training course.

Parents, players 17 and younger, and volunteers are not required to complete the course. The Club will make the course available to anyone who wishes to take it. If you would like to take the course, please contact the Club’s President or Registrar.