



Ventura Surf Soccer Club CSL Registration Handbook

This guide will go through Player Registration, Manager registration, and player card pick up.

Player Registration

Players will go through the normal process of offering a position. See Ventura Surf Player Registration document to ensure all steps were followed.

All players require the following to be uploaded to their player profile to complete registration in the format noted.

- [Player Registration Form](#)
- [Health and Safety Forms](#)
- [Athlete and Participant Protection Policy](#)
- [Passport style picture](#)
- [Birth Certificate or Passport](#)

Player Registration Form

A Player Registration form, also known as Medical Release form, is required every season. The new Player Registration form will be provided by the registrar in June of every year. Managers should keep a blank master copy of the registration form to forward to new players that join through the season.

The manager is required to keep a copy of the registration form with a wet signature in their possession for all league games and tournaments. It is highly recommended to have them at scrimmages as well.

The registration form is editable. The parents can fill in the editable fields or print and handwrite in the fields. Please note, not all fields are required. Only the fields with an asterisk (*) is required.

Managers will collect a hard copy of the registration form with the wet signature and ensure it is completed correctly and completely. After verifying the form is complete and correct, the manager will upload a PDF copy of the registration form to the player profile in ESC.



The following fields are required on the form:

Player Registration Form: All fields with an asterisk is required to be completed.

- Enter season year
- Check Season
- Parent information
- Player Information
 - Returning player: A player that has previously played in CSL with any team
 - New Player is a player that has never played in CSL
- First Name/Last Name/Gender/DOB/School Name
- Play Type: Check Competitive
- League: Ventura Surf Soccer Club
- Club: Ventura Surf Soccer Club
- Team ID Number:
 - Existing Teams: Request from registrar, if needed
 - New Teams: Will be provided by registrar after team is created
- Emergency Contact
- Roster Freeze: Initial
- Signature of Parent/Guardian and Date (Wet signature)

Health and Safety Code Info Sheet

Managers verify both forms are completed correctly. After both forms are completed, upload forms in PDF to the player profile in ESC. There will be a separate slot for each form.

- Sign and date ***both*** forms by parent and player
 - Concussion
 - Opioid

Athlete and Participant Protection Policy (APPP)

This policy is to be provided to the parents. Signature is not required. Upload a copy of the APPP file to ESC after it is sent to parents to acknowledge it was provided to them.

Pictures

Pictures are required to be updated every season. The picture must be a passport style from the head to the chest, with full face showing. No hats, sunglasses, headbands, etc. To keep the pictures uniform and professional, a manager or designated parent should take all pictures at practice. Managers will upload the pictures to ESC.

Example Picture:





Birth Certificate or Passport

Managers are required to view the original birth certificate or passport. Either the manager or parent can upload a **colored** copy of the birth certificate/passport to ESC. The birth certificate/passport must be scanned to PDF (no pictures) and legible. Do not convert a picture to a PDF file.

A copy of the birth certificate should be included in the team binder with the waiver. If the team wants a copy of the birth certificate with the registrar stamp, the team must request it and a copy of the birth certificate will be included with the card. Please note, if the birth certificate is not in PDF format, I will not print it.

Card Completion/Picking Up Card

A card will be printed after the birth certificate, picture, and Player Application is uploaded to ESC. An email will be sent to the manager to advise when the card can be picked up.

Only the manager or coach can pick up the card. I live in Santa Paula, so if a family on the team lives in Santa Paula, **ONE** parent can be designated to pick up the card. Please adhere to this rule out of respect to my neighbors.

Cards will be placed under my doormat. Please keep my address handy

Address:

922 Monterey Pl
Santa Paula

NOTE: For Fall registration, since there are multiple teams and a full roster, I will drop off the cards to the field. Any individual cards after the initial drop off will need to be picked up.

REMINDERS:

- Fall cards will be completed after all players have submitted the required documents and all birth certificates have been approved
- The envelope will have coaches name and team name written on it
- Do not take someone else's envelope, unless you make arrangements with/notify the other manager
- If a designated parent is picking up, it is your responsibility to ensure they are pick up the correct card
- Do not pick up the card the day of the game in case there are any issues

Managers Requirements

Managers are required to complete training and a Live Scan per Cal South and CSL rules.

Below is the Cal South checklist for new and returning Managers.



Team Administrator

Checklist For New Team Admins		Date Done
Create US Soccer Profile	Create your US Soccer Coach Profile here . Click on “Sign Up” top right.	
Verify email	Check your email inbox/spam folder for email verification link from US Soccer.	
SafeSport Training	Register and complete SafeSport training here . (90 Minutes)	
Concussion & Sudden Cardiac Arrest	Complete both trainings within course called: INTRODUCTION TO SAFE AND HEALTHY PLAYING ENVIRONMENTS – Click here (25 minutes)	
Update Cal South Profile	Once both trainings above have been completed, log back into Cal South Click here Click on License Tab, then click on the blue Button → Get Learning Center Updates to have transfer your verified trainings into your Cal South profile.	
ONLY for those 18 and older – One time only		
Live Scan Background	Get Live Scanned for Cal South. For Instructions – Click Here	
Email ATI Code	Email livescan@calsouth.com to provide us the ATI code you were assigned.	

Requirement Checklist for Returning Admin		Date Done
SafeSport Refresher	Register and complete SafeSport Refresher training here . (30 Minutes)	

Resources:

[Cal South Codes of Conduct](#)

[Cal South Athlete and Participant Protection Policy Summary](#)

[Cal South’s Athlete and Participant Protection Policy](#)





California State Soccer Association - South

2023 - 2024 SEASONAL YEAR FALL SPRING SUMMER



YOUTH PLAYER REGISTRATION APPLICATION

Parent/ Guardian Information

*Required field

**At least one field is required

Jane Doe Mother
First Name* MI Last Name* Relation*

1234 Main St
Street Address*

Ventura CA 93003
City* State ZIP*

Home Phone** Work Phone** Mobile Phone**
805-555-1212

email@email.com F M - Male
Email* Gender* F - Female

Parental/Volunteer Support: Coach Manager Referee Board Position Fields Publicity Concession Fundraising

Player Information

New Player Returning Player If returning, Cal South Player ID Number: Enter if known

Player Doe F M - Male
First Name* MI Last Name* Gender* F - Female

01/01/2008 Rank Seasons Played Height ft. in. Weight lbs.
DOB (MM/DD/YYYY)*

My School Elementary Play Type: Competitive Signature Recreational TOPSoccer
School Name* Grade

Ventura Surf Soccer Club Ventura Surf Soccer Club
League* Club*

Shirt Size Short Size Sock Size Age Group Division Team ID provided by Club
Team ID Number

John Doe 805-555-3434
Emergency Contact #1* Phone*

Emergency Contact #2 Phone

If applicable, list any medical problems(s)/physical limitation(s) the player has:

As a parent or legal guardian of the above named player, I request that the registrant's name be removed from the Association's magazine, camp, ODP, and other program mailing list.

Cal South Waiver

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of Cal South and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Cal South taking photographs, video recordings, and/or sound recordings in documenting the activities of Cal South's programs and services. We hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, on the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

Signature of Parent/Legal Guardian Wet Signature

Roster Freeze

As parent/guardian of the named player, I acknowledge the following stated rule (1.5.3): Team rosters shall be frozen at midnight August 1st to all but new players and those granted a waiver. The roster freeze period extends from August 1st through the first Monday after Thanksgiving. Initial here: JD

For Club/League Use Only

Date Received _____
Birth Certificate Checked _____
Payment Received _____
Cash _____ Check _____

Date Today's Date

CONCUSSION AND HEAD INJURY INFORMATION SHEET

SUDDEN CARDIAC ARREST 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.

(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.

T D P T Jane Doe

T D S T Wet Signature

D T Today's Date

T T S Players Wet Signature

D Today's 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): Jane Doe

PARENT/GUARDIAN SIGNATURE: Wet Signature DATE: Today's Date

ATHLETE SIGNATURE: Player's Wet Signature DATE: Today's Date



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



American Hospital
Association®

Cal South Athlete and Participant Protection Policy (APPP) Affiliate Member Summary of Requirements

In compliance with Federal Legislation, U.S. Center for Safesport Code and U.S. Soccer Policy 212-3, Cal South has adopted the Cal South Athlete and Participant Protection Policy (APPP).

What follows is a summary of requirements that Cal South Affiliate Members need to adhere to in order to be compliant with the Cal South APPP.

Cal South Affiliate Members (Clubs and Leagues)

1. Affiliate Members must have at least one individual responsible for enforcing the APPP. APPP is a Risk Management program therefore the individual may be the current individual handling Risk Management within the club or league.
2. Establish procedures to hear and adjudicate APPP policy violations. The procedure should include a process for individuals to appeal club or league decisions.

Program Administrators (includes Covered Personnel)

1. Complete U.S. Center for Safesport training and obtain a TRAINED certificate.
 - a. Upload the TRAINED certificate to the Cal South Registration System.
2. Clear Background Screenings
 - a. California Department of Justice (CA DOJ) criminal history check requiring Livescan fingerprinting.
 - b. U.S. Youth Soccer Disciplinary List check (performed by Cal South).
 - c. U.S. Soccer Disqualification List check (performed by Cal South).
 - d. Safesport Centralized Disciplinary Database check (performed by Cal South).
3. Report child abuse (sexual misconduct).
 - a. Report to law enforcement/California Child Protection Services (CPS).
 - b. Report to U.S. Center for Safesport.
 - c. Report to Cal South
4. Report APPP Prohibited Conduct (outside child abuse) and Preventive Policy Violations.
 - a. Report to club or league.
 - b. Report to Cal South.
5. Complete U.S. Center for Safesport refresher course annually.

DEFINITIONS

Covered Personnel (Mandatory Reporters per State and Federal Legislation)

Covered Personnel is defined as Adults authorized by Cal South or its Affiliate Members, Special Members or Partner Members to have regular contact with or authority over an amateur athlete who is a minor (Youth). Including Head Coaches, Assistant Coaches, Managers, Administrators, and any other team volunteer. Also, Cal South ODP, CRL, State Cup and National Cup staff, Referees and Athletic Trainers.

Program Administrators

Program Administrator is defined as Covered Personnel, League/Club: Administrators, Board of Directors, Trainers/Camp Organizers, League/Club Volunteers, Tournament Directors (Inclusive of Independent Tournament Directors), Tournament Volunteers, Participants, and anyone else that has an official capacity within Cal South, its Affiliate Members, Special Members or Partner Members.