



Youth Soccer Case Report

Part 1 — COMPLETED BY COACH/STATE

Please check and/or circle one per section, complete relevant blanks

INJURED: (Player) (Coach) (Official) _____

Name: _____ Age: _____ Sex (M) (F)

Parent's Name: _____ Phone () _____

Address: _____

City: _____ State: _____ Zip: _____

Team Name: _____ League: _____

INJURY: (Person) (Property)	TIME:	DISPOSITION:
Date Occurred _____	Morning _____	On Site Care Only _____
Injured Body Part _____	Afternoon _____	Ambulance to _____
(OR) Property Damaged _____	Evening _____	_____
Injury: _____	After Hrs _____	Personal Transportation _____
(e.g. Laceration, Concussion, Fracture, Sprain, or type of Property Damage)		Fatality _____

Occasion:	Location:	Situation:
Game _____	On Field _____	Hit by ball _____
Practice _____	Practice _____	Hit by teammate _____
Team, Travel _____	Spectator Area _____	Hit by opponent _____
Other _____	Other _____	Hit by Goal _____
Activity: Position _____	Running with ball _____	Fell _____
Goalie _____	Running without ball _____	Non-Contact Injury _____
Forward _____	Heading _____	Other _____
Midfielder _____	Defending _____	_____
Defender _____	Other _____	_____

Surface:	Surface Condition:	Describe How Injury Happened (Details):
Dirt _____	Dry _____	
Grass _____	Wet _____	
Artificial Turf _____	Icy _____	
	Irregular _____	

COACH/STATE If player is injured, please provide Player ID# _____

I hereby certify that injured person was injured for the activity in which he/she was injured and that his/her premium was paid prior to the date of injury

Signature of Coach _____ Complete Address and Phone # of Coach _____

District No. _____ League No. _____ Club No. _____ Team No. _____

Full Name of Insured Group _____ State authorized signature _____

(Fold)

(Fold)

Place
Stamp
Here

California Youth Soccer Association
1040 Serpentine Lane, Suite 201
Pleasanton, CA 94566

INSURANCE