



Santa Maria Valley Youth Soccer Association

INSTRUCTIONS: This report is to be prepared by the Coach or other person or an Officer in-charge or an Officer of the league whenever an accident or injury involving a player occurs. **PLEASE DO NOT DELAY AND REPORT WITHIN 24 HOURS.** Give the report to the Player Agent or any Board Member.

1. NAME _____ TEAM _____

2. HOME ADDRESS _____ AGE _____ SEX _____

3. NAME OF PARENTS OR GUARDIAN _____ PHONE # _____

4. DATE OF ACCIDENT _____ TIME _____ AM _____ PM _____

5. WHERE WAS THE PLAYER INJURED? (SPECIFIC LOCATION & FIELD #) _____

6. HOW DID THE ACCIDENT OCCUR? (EXPLAIN FULLY) _____

7. PROBABLE NATURE AND EXTENT OF INJURY (EXPLAIN) _____

8. DISPOSITION OF THE CASE:

FIRST AID: YES _____ GIVEN BY _____

NO _____ STATE REASON _____

WAS A PARENT OR OTHER INDIVIDUAL NOTIFIED? YES _____ NO _____ BY _____

NAME OF PERSON NOTIFIED _____

"Youth Soccer for Our Community"

P. O. Box 27
Santa Maria, CA
(805) 925-3304

SANTA MARIA VALLEY YOUTH SOCCER ASSOCIATION

INJURED PLAYER SENT OR TAKEN TO:

HOSPITAL_____ DOCTOR_____

HOME_____ LEFT AT FIELD_____ AMBULANCE_____

NAME OF PERSON TRASPORTING INJURED PLAYER_____

9. PERSONS PRESENT: PLEASE STATE WHETER COACH, BOARD MEMBER, REFEREE OR TEAM MATES.

NAME_____ NAME_____

10: THIS REPORT SUBMITTED BY_____

11: VERIFICATION OF ACCIDENT (SIGNATURE)_____ COACH OR PARENT

12. DID PLAYER REPORT ACCIDENT TO SUPERVISING PERSONAL? YES_____ NO_____

13. REPORT SUBMITTED TO PLAYER AGENT OR BOARD MEMBER? YES_____ NO_____

SIGNATURE_____

14. REMARKS_____

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