



# 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 _____	Sidelines _____	Hit by teammate _____
Team, Travel _____	Spectator Area _____	Hit by opponent _____
Other _____	Other _____	Hit by Goal _____
		Fell _____
		Non-Contact Injury _____
		Other _____
		_____
		_____
		_____
		_____

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

**COACH/STATE** If player is injured, please provide Player ID # \_\_\_\_\_

I hereby certify that the 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 number of coach	
District No.	League No.	Club No.	Team No.
Full Name of Insured Group		State authorized Signature	Date

(Fold)

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(Fold)

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Insurance