



# ARIZONA YOUTH SOCCER ASSOCIATION

## INJURY REPORT FORM

Seasonal Yr: \_\_\_\_ to \_\_\_\_

**Status:** New Report  Correction  Delete

**Injured Person:** Player  Coach  Other   
Male  Female  Date of Birth     
MM DD YYYY

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Area Code

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member I.D. No.:

**Injury Information:** Game  Tournament Game  Practice  Other

Opposing Team Name: \_\_\_\_\_

Location: \_\_\_\_\_ State Affiliation: \_\_\_\_\_

**Injury Details:** Date Injury Occurred: \_\_\_\_\_ Time \_\_\_\_ : \_\_\_\_ a.m./p.m. (circle one)

Describe the Incident Below in Detail. Attach Additional Pages If Necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signatures:

Coach: \_\_\_\_\_ Signature: X \_\_\_\_\_  
Print Name

Parent/Guardian: \_\_\_\_\_ Signature: X \_\_\_\_\_  
Print Name

Parent/Guardian Employer: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

Policy No.: \_\_\_\_\_ Area Code

### FOR STATE ASSOCIATION USE ONLY

Date Report Received: \_\_\_\_\_ Date Initial Medical Claim Received: \_\_\_\_\_  
Date Initial Medical Claim Sent: \_\_\_\_\_

Processed By: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name

Notes: \_\_\_\_\_  
\_\_\_\_\_

Injury Report Form must be submitted prior to filing a claim. Mail completed form to:

11029 N 24th Ave. ☎ Suite 805-806 ☎ Phoenix, AZ 85029

602-433-9202 ☎ FAX 602-433-9221 ☎ TOLL FREE 877-723-2972