



Accident Medical Claims Procedure Incident Report Youth or Adult

This Incident Report must be completed by a Coach or Team Manager of an injured player who is filing an Accident Medical Insurance Claim. The individual completing this Incident Report **must** 1) have witnessed the injury and 2) be unrelated to the player. This Incident Report **must** be completed and submitted with the Injured Player's Claim Package.

Player

Name _____ Date of Birth _____ Male Female
Club _____ Team _____
Name of Parent / Legal Guardian (Youth Claim Only) _____ Team Age Group Classic Academy Recreational Adult

Time and Place of Injury

Date of Injury _____ Time of Injury _____
Place of Injury – Field Complex, Field No. and City or Town _____

Event at which Player was injured (check all that apply)

Practice Scrimmage/Friendly Opponent: _____
 Game Opponent: _____ League LCSL Other _____
 Tournament _____ Opponent: _____

Was the Event at which the Player was injured an LSA, US Youth Soccer or USASA sanctioned event? Yes No

Injury

Describe what happened and how the injury occurred.

Describe the nature of the injury including body part (e.g. head, knee, ankle...) and type of injury (e.g. sprain, fracture...).

Person Completing This Form

Name _____ Email Address _____
Role at the Event: Coach Assistant Coach Team Manager Other _____

I witnessed the injury I am NOT related to the Injured Player The Event at which the Player was injured was an LSA, US Youth Soccer or USASA sanctioned event.

I, the undersigned, acknowledge I have read the above Incident Report and certify the information contained herein is true and accurate to the best of my knowledge and recollection.

Signature _____ Date _____