

REPORT OF INJURY

Complete this entire form, including signatures. THIS FORM MUST ACCOMPANY THE INSURANCE CLAIM FORM. United States Youth Soccer of Nevada WILL NOT PROCESS THE INSURANCE CLAIM if all information requested is not furnished.

Date: _____

Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: Month _____ Day: _____ Year: _____ Sex: _____

Team Name: _____ League: _____

Date Accident Occurred: _____ Date Accident Reported: _____

Place Accident Occurred: _____

Describe Accident or Exposure causing injury: (Indicate if cut, bruise, sprain, etc.)

Were there any witnesses: (Give full names) _____

Condition of field at time of accident: _____

Signature of Coach: _____ Date: _____

Signature of Patient: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____