



AMERICAN YOUTH SOCCER ORGANIZATION
(NON-PROFIT CORPORATION DEDICATED TO YOUTH SOCCER)

PRELIMINARY ACCIDENT REPORT FORM

RETURN THIS FORM TO:

Region 88 Safety and Insurance Director
(Refer to the Region 88 Board of Directors List for this information)

This form must be submitted within 90 days from date of injury

This report may be signed by the coach or referee and submitted directly to AYSO with one copy to the regional safety director, or camp/clinic tournament director.

NAME OF INJURED PERSON: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

DIVISION: _____ TEAM: _____ AGE: _____ SEX: _____

DATE OF INJURY: _____ TIME OF INJURY: _____

Was this an Indoor Soccer Accident? Yes__No__ Tournament? Yes__No__ VIP Program? Yes__No__

DESCRIBE INJURY: _____

COMMENTS: _____

SIGNATURE OF COACH, REFEREE OR AYSO OFFICIAL: _____

ADDRESS OF OFFICIAL: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF WITNESS: _____

ADDRESS OF

WITNESS: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE OF WITNESS: _____

REGION No. _____ OR CAMP/CLINIC/TOURNAMENT LOCATION: _____

DATE: _____

This is only a preliminary form to notify AYSO that an accidental injury has occurred. Please secure a request for accident reimbursement form from your regional safety director, camp, clinic or tournament director, complete and mail to AYSO as soon as possible.

THIS FORM IS NULL AND VOID 52 WEEKS AFTER DATE OF INJURY