



**Soccer Association for Youth**  
 4050 Executive Park Dr., Suite 100, Cincinnati OH 45241  
 800-233-7291 513-769-3800 513-769-0500 Fax  
 www.saysoccer.org

## INJURY REPORT FORM

Name of Child \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date & Location at time of Injury **Date:** \_\_\_\_\_

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

Type of Injury \_\_\_\_\_

Brief Description of Incident \_\_\_\_\_

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

First-Aid Administered \_\_\_\_\_

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

Follow-Up Treatment \_\_\_\_\_

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

Witness(es) \_\_\_\_\_

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

Coach \_\_\_\_\_

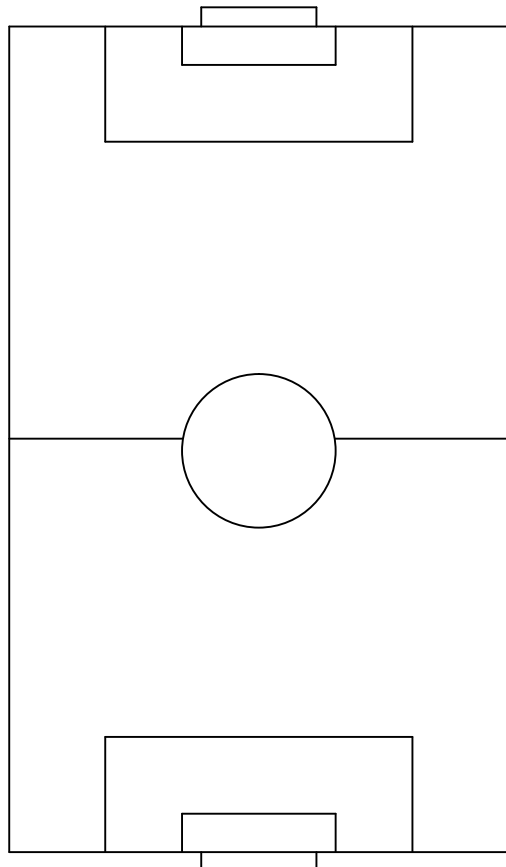
League Representative \_\_\_\_\_

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

Additional Comments \_\_\_\_\_

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

\_\_\_\_\_



Indicate on field where injury occurred.