



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 _____ - _____

Address: _____
Area Code

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 NameParent/Guardian: _____ Signature: **X**
Print Name

Parent/Guardian Employer: _____ Phone _____ - _____

Medical Insurance Co.: _____ Phone _____ - _____

Policy No.: _____ Area Code

FOR STATE ASSOCIATION USE ONLYDate Report Received: _____ Date Initial Medical Claim Received: _____
Date Initial Medical Claim Sent: _____Processed By: _____ Signature: _____
Print NameNotes: _____

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