



ARIZONA YOUTH SOCCER ASSOCIATION

INJURY REPORT FORM

Seasonal Yr: _____ to _____

Injury Report Form must be submitted prior to filing a claim. Mail completed form to:
AYSA - Insurance, 1815 W Missouri, Suite 101, Phoenix AZ, 85015

Status: New Report Correction Delete

Injured Person: Player Coach Other

Name: _____ Phone _____ - _____
Area Code

Address: _____

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 Name

Parent/Guardian: _____ Signature: X
Print Name

Parent/Guardian Employer: _____ Phone _____ - _____

Medical Insurance Co.: _____ Phone _____ - _____
Area Code

Policy No.: _____

FOR STATE ASSOCIATION USE ONLY

Date Report Received: _____ Date Initial Medical Claim Received: _____
Date Initial Medical Claim Sent: _____

Processed By: _____ Signature: _____
Print Name

Notes: _____
