



Massachusetts Youth Soccer Incident Report

512 Old Union Turnpike

Lancaster, MA 01523

Tel: 978-466-8812

This Incident Report should be completed and submitted by the Team Official and submitted to the Massachusetts Youth Soccer Office at the address shown above.

SECTION 1 – INJURED PERSON

Name _____ DOB: _____ Male Female

Parent / Guardian _____

Address _____
Street City/Town State Zip Code
Email Address Telephone

Injured Person Was: Player Team Official Referee Spectator Other _____

Club/Town Team _____

SECTION 2 – INCIDENT

Date of Injury: _____ Time of Injury: _____

Event at which the Incident Occurred GAME PRACTICE TRYOUTS TOURNAMENT OTHER

Location at Which Injury Occurred _____

Details of the Incident: _____

SECTION 3 – THE INJURY

Nature and Extent of Injury _____

Was Medical Care Provided at the Site? Yes No By Whom? _____

SECTION 4 – REPORTING OFFICIAL

Name of Team/Club Official: _____

Address _____
Street City/Town State Zip Code
Email Address Telephone

Signature _____ Date _____