



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 _____
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 _____
Policy No.: _____ Area Code

FOR STATE ASSOCIATION USE ONLY

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

Processed By: _____ Signature: _____
Print Name

Notes: _____

Injury Report Form must be submitted prior to filing a claim. Mail completed form to:

9034 N. 23rd Avenue ☎ Suite 10 ☎ Phoenix, AZ 85021
602-433-9202 ☎ FAX 602-433-9221 ☎ Toll Free 877-723-2972