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# SAY SOCCER INCIDENT REPORT

(PLEASE PRINT)

<b>NATURE</b>	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER: _____						
<b>TIME &amp; PLACE OF INCIDENT</b>	DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM EVENT NAME: _____ EVENT TYPE: _____ SANCTIONED BY: _____ LOCATION: _____						
<b>HAPPENED TO</b>	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____						
<b>FUNCTION</b>	AS: <input type="checkbox"/> ATHLETE <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SPECTATOR <input type="checkbox"/> BYSTANDER <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER: _____						
<b>APPARENT INJURY OR DAMAGE</b>	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="checkbox"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="checkbox"/> FATALITY						
<b>OCCASION</b>	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____						
<b>INCIDENT DESCRIPTION</b>	DESCRIBE WHAT HAPPENED: _____ _____ _____						
<b>WITNESSES (If known)</b>	<table border="0"> <tr> <td>NAME: _____</td> <td>NAME: _____</td> </tr> <tr> <td>ADDRESS: _____</td> <td>ADDRESS: _____</td> </tr> <tr> <td>PHONE: (____) _____</td> <td>PHONE: (____) _____</td> </tr> </table>	NAME: _____	NAME: _____	ADDRESS: _____	ADDRESS: _____	PHONE: (____) _____	PHONE: (____) _____
NAME: _____	NAME: _____						
ADDRESS: _____	ADDRESS: _____						
PHONE: (____) _____	PHONE: (____) _____						
<b>INSURED</b>	SAY AREA/DISTRICT: _____ CLUB NAME: _____ PHONE: (____) _____ CITY: _____ STATE: _____						
<b>INSURED REPRESENTATIVE</b>	<input type="checkbox"/> COACH <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TRAINER <input type="checkbox"/> PROMOTER <input type="checkbox"/> TEAM/LEAGUE REPRESENTATIVE <input type="checkbox"/> OTHER: _____ NAME: _____ PHONE: (____) _____ TITLE: _____ ORGANIZATION: _____ SIGNATURE: _____ DATE: _____						

**COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:**  
**SAY SOCCER NATIONAL OFFICE, 2812 KEMPER ROAD, CINCINNATI, OH 45241**  
 Fax: 513-769-0500 • Email: JBlanton@saysoccer.org

THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE BEFORE RETURNING OR PROCESSING MAY BE DELAYED