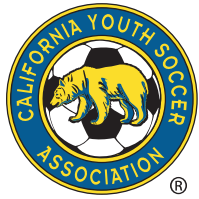




California Youth Soccer Association, Inc.



CASE REPORT

CYSA CASE REPORT MUST BE SUBMITTED INTO THE CYSA STATE OFFICE WITHIN NINETY (90) DAYS FROM THE DATE OF INCIDENT

| 1040 Serpentine Lane Suite 201 Pleasanton, CA 94566-4754 | 925.426.KIDS | Fax: 925.426.9473 |

This CYSA CASE REPORT **MUST** be completed and submitted by the Team Official and submitted to the CYSA State Office at the address above.

NAME OF INJURED PERSON: _____ BIRTHDATE: _____

WHO WAS INJURED: PLAYER TEAM OFFICIAL OTHER: _____

CYSA I.D.#: _____ GENDER: MALE FEMALE

DISTRICT #: _____ LEAGUE #: _____ CLUB #: _____ TEAM #: _____

LEAGUE NAME: _____ TEAM NAME: _____

ADDRESS OF INJURED PERSON: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/LEGAL GUARDIAN: _____ CONTACT PHONE: _____

EMAIL ADDRESS: _____

CYSA SANCTIONED EVENT WHERE INCIDENT TOOK PLACE:

ASSOCIATION CUP FOUNDERS' CUP LEAGUE GAME ODP PRACTICE PRESIDENTS CUP STATE CUP

TRYOUTS CYSA - CAL SOCCER LEAGUE PLAYING LEAGUE: _____

TOURNAMENT/JAMBOREE: _____ OTHER: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ AM PM

NAME OF FACILITY: _____ IN THE CITY OF: _____

DESCRIPTION OF INJURY: _____

DESCRIPTION OF THE INCIDENT (DETAILS): _____

If the injury occurred during a soccer related activity, do you have insurance coverage through any other soccer organization? YES NO If so, please name the organization: _____

I declare under **Penalty of Perjury** under the laws of the **State of California** that the injury reported on this form occurred during a **California Youth Soccer Association, Inc. (CYSA)** sanctioned event and that this declaration was executed at (City) _____, California, on (Date) _____.

PRINT NAME OF TEAM OFFICIAL: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

CONTACT PHONE: _____ EMAIL ADDRESS: _____

IF THIS FORM IS NOT COMPLETE IT WILL BE RETURNED TO THE TEAM OFFICIAL

APPROVED BY CYSA STATE OFFICE: _____ DATE: _____