



Soccer Association for Youth
 4050 Executive Park Dr., Suite 100, Cincinnati OH 45241
 800-233-7291 513-769-3800 513-769-0500 Fax
 www.saysoccer.org

INJURY REPORT FORM

Name of Child _____ Date of Birth: ___/___/___

Parent or Guardian _____ Telephone _____

Address _____

Date & Location at time of Injury _____

Type of Injury _____

Brief Description of Incident _____

First-Aid Administered _____

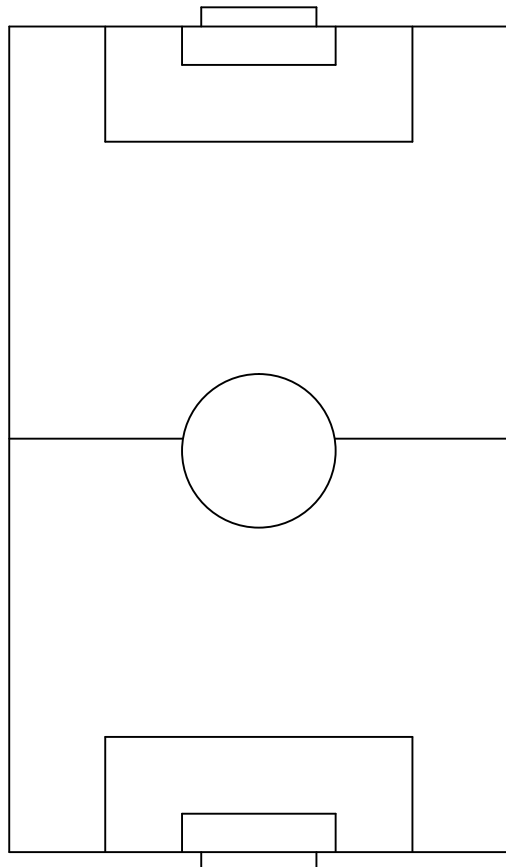
Follow-Up Treatment _____

Witness(es) _____

Coach _____

League Representative _____

Additional Comments _____



Indicate on field where injury occurred.