



Burlingame Accident Report Form

SECTION: 2 AREA: N REGION: 63

Date:		Time:
Name of injured:		Age:
Check One:		
Player <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Spectator <input type="checkbox"/>		
AYSO ID #:		<i>AYSO ID # will not be available if injured is a spectator!</i>
Game: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, where:	
Name of Team:	Name of Coach:	
Name of Center Referee:	Phone #	
Name of Witness:	Phone #	
Name of Witness:	Phone #	
Practice: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, where:	
In none of above, where did incident occur?		
Briefly describe the accident and how it occurred:		

Who was notified for the region?	
Were local Emergency facilities contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which facility?	
If any injury, was the injured person transported to medical facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the injured person is a minor, were parents present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Parent:	Phone:

In the event of an accident or injury before, during or after a scheduled AYSO function, please complete this form. After completion, return this form to the **Regional Commissioner or Safety Director**. Thank you.

Regional Commissioner or Safety Director Signature