AYSO INCIDENT REPORT FORM

Complete this form for any of the following: *(check type)*

☐Injury/illness ☐Threats ☐Fights ☐Property damage ☐Calls to Police ☐ Other

*Return **completed** form to the Regional Commissioner, Safety Director, Area Director, or Tournament Director.*

AFFECTED PARTY: ☐ Player ☐ Official ☐ Coach ☐ Spectator ☐ Volunteer ☐ Other | **AYSO ID #** | **Region #**

Last Name | First Name | MI | **Birth date:**

Phone:

Address: | City: | State: | Zip:

Does the injured person have other medical insurance? YES ☐ NO ☐ | ***If yes, please provide name of company and policy #:***

GUARDIAN/PARENT (*if affected party is a minor*): Last Name | First Name | MI | Telephone Number:

Address: | City: | State: | Zip:

INCIDENT INFO: | *Date of Incident:* | *Age Division:* | ☐ *Boys* ☐ *Girls* | *Time of Incident:* ***AM / PM***

Tournament Name & Location *(if applicable)*

Team Involved #1: | Coach Name: | Region #

Team Involved #2: | Coach Name: | Region #

FOR INJURIES: BODY PART INJURED

☐ Ankle (L/R)	☐ Shoulder(L/R)	☐ Tooth
☐ Knee (L/R)	☐ Wrist (L/R)	☐ Back
☐ Leg	☐ Finger	☐ Neck
☐ Foot	☐ Eye (L/R)	☐ Internal
☐ Toe	☐ Ear (L/R)	☐ No injury
☐ Arm	☐ Nose	☐ Other
☐ Hand	☐ Head	

TYPE OF INJURY

☐ Abrasion	☐ Dislocation	☐ Pain
☐ Burn	☐ Foreign Body	☐ Seizures
☐ Cardiac	☐ Fracture	☐ Sting/Bite
☐ Cold Injury	☐ Heat Exhaustion	☐ Strain
☐ Concussion	☐ Laceration	☐ Sprain
☐ Contusion	☐ Nausea	

FIELD SURFACE

☐ Dirt
☐ Grass
☐ Turf
☐ Indoor

LOCATION

☐ Before Competition/Event
☐ During Competition/Event
☐ After Competition/Event
☐ Concession Area
☐ Parking Lot
☐ Restrooms

CAUSE

☐ Collision (participant/spectator)
☐ Struck by falling/flying object
☐ Struck by or fell into goal
☐ Animal/insect bite/sting
☐ Slip/Fall
☐ Assault/Sexual
☐ Assault/Non-Sexual
☐ Property Damage

OUTCOME

No care given:
☐ Not Needed
☐ Patient Refused

Released:
☐ To Parent
☐ To Personal Vehicle

Referral
☐ To Doctor
☐ To Hospital/Clinic

EMS transport:
☐ Region Recommended
☐ Patient/Parent Requested

POLICE REPORT FILED?: ☐ Yes ☐ No | *Report No:*

Officer's Name & Contact No:

Describe how the incident, injury or property damage occurred: (*use the backside or attach a separate sheet if necessary – may attach a copy of the Referee Game Misconduct Report*)

WITNESS INFORMATION - Confidential

Name	Address	Phone Number

Person/volunteer completing/submitting this form:

Name | *Signature:* | Ph: ( ) Cell: ( )

Position Title: | *e-mail address:* | Date:

Regional Commissioner: ***print name*** | ***Signature:*** | **Date:**

AYSO Staff: Forward copy of completed form to AYSO, Attn: Risk Mgmt, 19750 S Vermont Ave, Suite 200, Torrance, CA 90502 or scan and email to riskmanagement@ayso.org.

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