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Loudoun Soccer Accident Report

DATE OF INCIDENT: ___ / ___ / ___

DATE REPORTED: ___ / ___ /20__

PERSON REPORTING INCIDENT: _____

PHONE # _____

NAME OF INJURED PERSON: _____

PHONE # _____

PLAYING OR PRACTICE FIELD WHERE INJURY OCCURRED: _____

DID THE INJURED PERSON REQUIRE PROFESSIONAL MEDICAL ATTENTION? ___ YES ___ NO

WAS THE INJURED PERSON TAKEN TO THE HOSPITAL? ___ YES ___ NO

IF YES, WAS THE PERSON TAKEN BY AMBULANCE? ___ YES ___ NO

HOW WAS THE PERSON INJURED? (USE BACK OF FORM IF MORE SPACE IS NEEDED.)

WAS MEDICAL ASSISTANCE MADE AVAILABLE AT THE SCENE? (IF YES, WHAT?) ___ YES ___ NO

IF YES, WHAT? _____

WAS A PARENT OR GUARDIAN PRESENT WHEN THE INJURY OCCURRED? ___ YES ___ NO

IF THE PARENT OR GUARDIAN WAS NOT PRESENT, WAS HE/SHE NOTIFIED OF THE INJURY ASAP? ___ YES ___ NO

WAS THE INJURY CONSIDERED TO BE MINOR AT THE TIME? ___ YES ___ NO

WAS THE INJURY DUE TO FIELD OR EQUIPMENT CONDITION? ___ YES ___ NO

IF YES, HOW? _____

WAS THE PLAYER REMOVED FROM THE FIELD OF PLAY? ___ YES ___ NO

DID THE PLAYER RETURN TO THE FIELD AFTER THE INJURY OCCURRED? ___ YES ___ NO

DID THE COACH OR PARENT OK THE PLAYER RETURNING? ___ YES ___ NO

IF A REFEREE WAS INJURED, DID THE REFEREE HAVE TO LEAVE THE GAME? ___ YES ___ NO

SIGNATURE OF PERSON FILING REPORT

SIGNATURE OF WITNESS

**PLEASE FILL OUT THIS FORM AND TURN IT IN TO A LOUDOUN SOCCER REPRESENTATIVE,
OR MAIL IT TO:**

Loudoun Soccer, PO BOX 1358, LEESBURG, VA 20177