



# California Youth Soccer Association, Inc.



## CASE REPORT

**CAL NORTH CASE REPORT MUST BE SUBMITTED INTO THE CAL NORTH 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 Cal North CASE REPORT **MUST** be completed by the Team Official and submitted to the Cal North State Office at the address above.

NAME OF INJURED PERSON: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

WHO WAS INJURED:  PLAYER  TEAM OFFICIAL  OTHER: \_\_\_\_\_

CAL NORTH 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: \_\_\_\_\_

### CAL NORTH SANCTIONED EVENT WHERE INCIDENT TOOK PLACE:

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

TRYOUTS  CAL NORTH - CCSL  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. (Cal North)** 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**

VERIFIED & APPROVED BY LEAGUE OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY DISTRICT COMMISSIONER OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY CAL NORTH STATE OFFICE: \_\_\_\_\_ DATE: \_\_\_\_\_