



Region 187  
Moreno Valley, CA

Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship

## INSTRUCTIONS TO SUBMIT INSURANCE CLAIM

Should you and/or player get hurt during his/her participation in an AYSO event (game or practice), please follow these steps in requesting reimbursement for medical expenses less the deductible, through the AYSO insurance program.

1. Incident Report Form – should be filled out completely and in detail by the parent/guardian of the injured player or the injured volunteer.
2. Keep a copy of the filled out form and submit to the Regional Safety Director or to another Board member (blue polo shirt) within 24 hours of the incident. Get the name of the Board member.
3. Go to the National AYSO website at <http://www.soccer.org> and look for AYSO DOWNLOADS tab; click on ALL FORMS; on the left side is the FORMS AND DOCUMENTS tab; click on INSURANCE FORMS.
4. Download both the Insurance Claim Form and the brochure. It is recommended that you thoroughly read the brochure to get familiar with the coverage, limitations, deductibles, etc.
5. The Claim Form will be reviewed by the Safety Director and the Regional Commissioner and signed by both. Then the form will be returned to you within 7 working days.
6. Follow the instructions in the brochure to file your claim with the Insurance Company.



Region 187  
Moreno Valley, CA

Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship

## INSTRUCCIONES PARA HACER SU RECLAMO DEL SEGURO

Si usted o algun(a) jugador(a) se lastiman durante su participacion en un evento del AYSO (juego o practica), por favor siga estos pasos para solicitar su reembolso por gastos medicos, menos el deducible, a travez del programa del seguro del AYSO.

1. Incident Report Form (Formulario Para Reporte de Incidentes)– Debe ser llenado completamente y en detalle por el padre o guardian de el/la jugador(a) lastimado(a) o el (la) voluntario(a) lastimado(a).
2. Mantenga una copia del formulario lleno y entregue el original al Director de Seguridad de la Region o a cualquier otro miembro del Consejo (playera polo azul) dentro de las primeras 24 horas del incidente. Apunte el nombre del miembro del Consejo a quien le entrego el formulario.
3. Visite la pagina web del AYSO Nacional en <http://www.soccer.org> y busque AYSO DOWNLOADS ; haga click en ALL FORMS; en el lado izquierdo esta FORMS AND DOCUMENTS ; haga click en INSURANCE FORMS.
4. Descargue el Formulario de Reclamacion y el folleto. Se le recomienda que lea completamente el folleto y se familiarize con la cobertura, limitaciones, deducibles, etc.
5. El Formulario de Reclamaciones sera revisado por el Director de Seguridad y el Comisionado de la Region y firmado por ambos. Este formulario se le regresara dentro de 7 dias habiles.
6. Siga las instrucciones en el folleto para hacer su reclamo con la Compania de Seguros.



**AYSO**  
**INCIDENT REPORT FORM**  
*Use in the event of*  
**Injury, Incident or Property Damage**

*Give this form  
to your Regional  
Commissioner or  
Safety Director*

**INJURED PERSON INFORMATION/PROPERTY DAMAGE OWNER:**

Last Name	First Name	MI	Telephone:	
			Social Security #:	
Address:			AYSO ID #	
City:	State:	Zip:	Age:	D.O.B.: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employer Name & Address:				
Team Name:		Section :	Area:	Region:
Does the injured person have other medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide name of company and policy #:</i> _____				
<b>INJURED PERSON:</b> <input type="checkbox"/> Player <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____				

**GUARDIAN/PARENT (if injured person is a minor):**

Last Name	First Name	MI	Telephone Number:	( )
Address:			City:	State: Zip:

**INCIDENT INFORMATION:**      Date of Incident: \_\_\_\_\_      Time of Incident: \_\_\_\_\_ AM /PM

BODY PART INJURED	If ankle injury, was ankle:	PRIMARY INJURY
? Ankle (L/R)    ? Shoulder (L/R)    ? Back ? Knee (L/R)    ? Wrist (L/R)        ? Neck ? Nose            ? Finger                ? Internal ? Head            ? Eye (L/R)            ? No injury ? Tooth            ? Ear (L/R)            ? Other	? Taped/Supported ? Unsupported Shoes: ? Yes ? No  If knee injury, was knee: ? Braced/Supported ? Unsupported Knee Pads: ? Yes ? No	? Abrasion            ? Fracture ? Bum                 ? Heat Exhaustion ? Cardiac             ? Nausea ? Cold Injury         ? Laceration ? Concussion         ? Pain ? Contusion          ? Seizures ? Dislocation         ? Sting/Bite ? Foreign Body        ? Strain/Sprain

LOCATION	INCIDENT	DIS POSITION
? Before Competition/Event ? During Competition/Event ? After Competition/Event ? Competition Area ? Concession Area ? Parking Lot ? Restrooms ? Off Property ? Bleachers/Stands	? Collision (participant/spectator) ? Collision (with object) ? Collision (participant/participant) ? Collision (spectator/spectator) ? Struck by falling /flying object ? Caught in, on, between goal	? Animal/insect bite/sting ? Slip/Fall ? Overexertion ? Assault/Sexual ? Assault/Non-Sexual ? Property Damage
		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

**FIELD SURFACE**    ? Dirt ? Grass ? Indoor      **CLASSIFICATION**    ? Non-Injury    ? Minor Injury or Illness    ? Serious Injury or Illness

**POLICE REPORT FILED:** ? Yes ? No    *If yes, report number:* \_\_\_\_\_      *Officer's Name:* \_\_\_\_\_

**Describe how the incident, injury or property damage occurred: (use the backside or attach a separate sheet if necessary)**

  
  
  
  
  
  
  
  
  
  

WITNESS INFORMATION		
Name	Address	Telephone Number

Person completing this form:

Name:	Signature:	Title:	Date:	Phone: ( )
-------	------------	--------	-------	------------