



Connecticut Junior Soccer Association

NOTIFICATION OF ACCIDENT

(Print or Type Only)

Name of Insured (Injured Party) _____ Phone # _____

Address of Insured _____

Player _____ Coach _____ Assistant Coach _____ Administrator _____ Club Referee _____

Date of Accident _____ Location of Accident _____

Description of Accident _____

Description of Injury _____

Is the CJSA your primary insurance carrier? Yes _____ No _____

If you have primary insurance, you must submit all claims to that carrier before submitting your bills to CJSA. After all payments have been made, submit the completed claim form along with the itemized statements from each healthcare provider and the payment explanation worksheets to your Club President, District Vice President or Registrar. If the claim is for an injury at an approved CJSA Commercial Indoor Facility, the Owner/Manager must sign the verification.

VERIFICATION OF INJURED PARTY'S REGISTRATION, CLUB AFFILIATION AND ACCIDENT

I, _____, as President (or Indoor Owner/Manager) certify that on the date of the accident listed above, _____ was registered with our club (facility). I understand that proof of registration may be requested if needed.

Club (Facility) Name _____

Club Presidents (Facility) Name and Phone # _____

(Club Presidents (Facility Owner/Manager) Signature)

Date Signed: _____

(District Vice President or Registrar Signature)

Date Signed: _____

AFTER THE FORM HAS BEEN SIGNED BY ALL APPROPRIATE PARTIES, IT IS TO BE SENT TO:

**11 Executive Drive
Farmington, CT 06032
(860)676-1161**