



## PEARL RIVER SOCCER CLUB ACCIDENT/ INCIDENT REPORT FORM

Incident reports are required for any situation that is out-of-the-ordinary or that could be anticipated as requiring any further PRSC involvement ( for example accident reports, police reports, insurance claims for loss, damage or liability, or other noteworthy occurrences that took place.) This report must be mailed to PRSC P.O. Box 453 Picayune MS 39466 within 72 hours of the Incident/Accident.

1. Site where accident took place \_\_\_\_\_ 5. Nature of accident/incident \_\_\_\_\_

2. Date and time of incident/accident \_\_\_\_\_

3. Name of injured person \_\_\_\_\_

4. Address of injured person \_\_\_\_\_

Describe what activity was taking place, example; training program, scrimmage, soccer game, tournament, etc.

In the space below specify in detail the nature of the incident. Attach any supplemental reports and/or documentation (copies of Referee Sendoff reports, other injury reports, eye witness accounts, photographs, etc.)

9. Were any of the following contacted?

Police

Ambulance

Parent/Guardian

10. What happened to the injured person after the accident? Example went home, went to hospital, or carried on with session.

Please include names and phone numbers of eyewitness if possible.

Report Submitted By: \_\_\_\_\_

Signature: Date: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Date of Incident Time of Incident \_\_\_\_\_