



YOUTH SOCCER CASE REPORT

1040 SERPENTINE LANE SUITE 201
PLEASANTON, CA 94566-4754
925.426.KIDS

www.cysanorth.org

This YOUTH SOCCER CASE REPORT should be completed and submitted by the Team Official and submitted to the CYSA State Office at the address above.

Name of Injured Person: _____ Date of Birth: _____
(MM/DD/YYYY)

WHO WAS INJURED: PLAYER TEAM OFFICIAL OTHER: _____

CYSA I.D.#: _____ GENDER: Male Female

DISTRICT #: _____ LEAGUE #: _____ CLUB #: _____ TEAM #: _____

LEAGUE NAME: _____ TEAM NAME: _____

ADDRESS OF INJURED PERSON: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/LEGAL GUARDIAN: _____ PHONE: (_____) _____

CYSA SANCTIONED EVENT WHERE INCIDENT TOOK PLACE:

ASSOCIATION CUP FOUNDERS CUP LEAGUE GAME ODP PRACTICE STATE CUP TRYOUTS

TOURNAMENT/JAMBOREE: _____
Provide the name of the Tournament/Jamboree

OTHER: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ AM or PM
(MM/DD/YYYY)

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? 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. (CYSA)** sanctioned event and that this declaration was executed at _____, California, on _____.
City (MM/DD/YYYY)

Print Name of Team Official: _____ Signature: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: (_____) _____ E-MAIL: _____

IF THIS FORM IS NOT COMPLETE IT WILL BE RETURNED TO THE TEAM OFFICIAL

APPROVED BY CYSA STATE OFFICE: _____ DATE: _____

(Fold)

(Fold)

Place
Stamp
Here

California Youth Soccer Association
1040 Serpentine Lane, Suite 201
Pleasanton, CA 94566

Insurance