



# South Shore Soccer League



This Incident Report should be completed and submitted by the Team Official and submitted to the South Shore Soccer League Medical Director.

## SECTION 1 – INJURED PERSON

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_

Street

City/Town

State

Zip Code

\_\_\_\_\_ Email Address

\_\_\_\_\_ Telephone

Injured Person Was: Player Team Official Referee Spectator Other \_\_\_\_\_

Club/Town Team \_\_\_\_\_

## SECTION 2 – INCIDENT

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Event at which the Incident Occurred: GAME PRACTICE TRYOUTS TOURNAMENT OTHER

Location at Which Injury Occurred \_\_\_\_\_

Details of the Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3 - THE INJURY

Nature and Extent of Injury \_\_\_\_\_

Was Medical Care Provided at the Site? Yes No By Whom? \_\_\_\_\_

## SECTION 4 – REPORTING OFFICIAL

Name of Team/Club Official: \_\_\_\_\_

Address \_\_\_\_\_

Street

City/Town

State

Zip Code

\_\_\_\_\_ Email Address

\_\_\_\_\_ Telephone

Signature \_\_\_\_\_ Date \_\_\_\_\_