



NEW YORK STATE WEST YOUTH SOCCER ASSOCIATION
IRONDEQUOIT SOCCER CLUB
Affiliated with U.S.Y.S.A. – U.S.S.F – F.I.F.A.

ACCIDENT REPORT

District: Rochester

League Name: Irondequoit Soccer Club

Name of Injured: _____

Birthdate: _____ Gender: _____

Date of Injury: _____ Time of Injury: _____

Nature of injury: _____

Please check if injured was:

- Given First Aid: _____
If so, what type of first aid? _____
- Taken to Emergency Department: _____
If so, which hospital? _____
- Released to parent? _____
- Returned to practice or game: _____

Signature of Coach or League Representative: _____

Title: _____

Date: _____

This report should be completed for every injury and kept on file for future reference should an insurance claim be submitted. Call the ISC Hotline: 342-6557 to report an injury within 48 hours of injury, and mail this completed form to:

ISC, P.O. Box 67481, Rochester, NY 14617