



# Ocean State Soccer School Injury Report

Player's Name \_\_\_\_\_ Age \_\_\_\_\_

Male ( ) Female ( )

Coach's Name \_\_\_\_\_ Telephone No \_\_\_\_\_

Age Division \_\_\_\_\_ Game Date \_\_\_\_\_ Field No \_\_\_\_\_ Game Time \_\_\_\_\_

Brief Description of the Injury : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Was the Injury Treated : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ambulance or EMT Summoned ? Yes ( ) No ( ) Transported to Hospital ? Yes ( )

Name of Hospital : \_\_\_\_\_

Coaches Signature : \_\_\_\_\_

Board Member on Duty : \_\_\_\_\_

**Important Note** : A completed copy of this form must be sent (electronic or hard copy) to either the VP of Recreation or the VP of Competitive, with a copy to the OSS Director of Safety. All contact information can be found on the OSS web site, [www.oceanstatesoccer.org](http://www.oceanstatesoccer.org).