



**Arizona Soccer Association  
Injury Report Form**

An ASA Injury Report must be filed within 30 days of the date of injury and prior to filling a medical claim. Return completed form to ASA medical@azyouthsoccer.org

Seasonal Year \_\_\_\_\_ a \_\_\_\_\_

Status:	New Report <input type="checkbox"/>	Correction <input type="checkbox"/>	Remove <input type="checkbox"/>
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Person:	Player <input type="checkbox"/>	Coach <input type="checkbox"/>	Other <input type="checkbox"/>
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: _____ MM DD YYYY
Name:	_____ Phone (____) _____		
Address:	_____		
City:	_____	State: _____	ZIP: _____
Member I.D. No.:	_____ _____		

Injury Information:	League Game <input type="checkbox"/>	Tournament Game <input type="checkbox"/>	Practice <input type="checkbox"/>	Other <input type="checkbox"/>
Team Name:	_____			
Location:	_____			
State Affiliation	_____			



Injury Details:                      Date Injury Occurred: \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ a.m/p.m

Describe the incident below in detail. Attach additional pages if necessary:

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Signatures:

Coach: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Gaurdian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ \_\_\_\_\_

Policy Number: \_\_\_\_\_

For State Association Only

Date Initial Medical Claim Received: \_\_\_\_\_

Date Report Received: \_\_\_\_\_

Date Initial Medical Claim Approved: \_\_\_\_\_

Processed By: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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