



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 [] Correction [] Remove []

Person: Player [] Coach [] Other []
Male [] Female [] Date of Birth: ____ ____ ____
MM DD YYYY
Name: _____ Phone (____) ____ ____
Address: _____
City: _____ State: _____ ZIP: _____
Member I.D. No.: _____

Injury Information: League Game [] Tournament Game [] Practice [] Other []
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:

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 Recevied: _____

Date Initial Medical Claim Approved: _____

Processed By: _____

Signature: _____

Notes: _____

