



Arizona Soccer Association Injury Report Form

ASA recommends filing an Injury Report 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 _____ - _____

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:

Signatures:

Coach: _____ Signature: _____

Parent/Guardian: _____ Signature _____

Parent/Gaurdian: _____ Phone: (____) ____ _____

Medical Insurance Company: _____ Phone: (____) ____ _____

Policy Number: _____

<u>For State Association Only</u>
Date Initial Medical Claim Received: _____
Date Report Received: _____
Date Initial Medical Claim Approved: _____
Processed By: _____
Signature: _____
Notes: _____

