



ALASKA YOUTH SOCCER ASSOCIATION

200 W. 34th Ave # 21, Anchorage AK 99503

Phone (907) 887-6550

alaskayouthsoccer@gmail.com



Affiliate Accident/ Incident Report Form

Complete this form and submit immediately to the Alaska Youth Soccer office for all incidents (e.g. accidents in parking lots unruly sidelines, physical or verbal confrontation between coaches, players, or spectators, confrontations directed at referees or tournament officials), and any incident that could become a potential insurance claim or lawsuit. The form should include information beyond what is listed in the Alaska Youth Soccer Insurance Claim Form for Injury .

Name of Complainant: _____ Team/Club: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email: _____

Location of Accident/ Incident:

Date of Incident: _____ Time: _____ () AM () PM

Location Address/ Facility: _____

Specific Location (field, parking lot, gym, etc): _____

Type of Incident: () Bodily Injury () Property Damage Injured Party Club/ Team: _____

Event: () League Game () Practice () Tournament () Other _____

Name of Tournament/ Event: _____ City: _____

Bodily Injury Report:

Please include the AYSA Insurance Claim Form for Injury with this Affiliate Accident/ Incident Report form.

Name of Injured Person: _____ Birthdate: _____ () Female () Male

Mailing Address: _____

Phone Number: _____ Email: _____

Part of Body Injured: _____ Describe Injury: _____

Parent/Guardian Notified: () Yes () No Who made Notification: _____

First Aid Administered: () Yes () No By Whom (Name/Position): _____

Paramedics Called: () Yes () No Paramedics Service: () Accepted () Declined

Police Called: () Yes () No Police Department/ Case Number: _____

Parent/Guardian given the AYSA Insurance Claim Form for Injury to be completed: () Yes () No

Summary of Incident: _____

Damage to Property Report:

Name of Property Owner: _____ Home Number: _____

Address: _____ Zip Code: _____

Cell Number: _____ Email: _____

Describe Property Damage: _____

Summary on how Damage Occurred: _____

Estimated Cost to Repair: _____ Estimated Attached: ()Yes ()No

Complete Witness Information:

Name of Witness: _____ Home Number: _____

Address: _____ Zip Code: _____

Cell Number: _____ Email: _____

Witness Relationship to Injured Party: _____ (be specific)

()Event Official ()Referee ()Program Participant ()Spectator ()Other: _____

Summary on how Damage Occurred: _____

Attach any supporting documentation, including game reports, photographs or statements from others involved.

Mail or email this form with signature, and all accompanying materials to Alaska Youth Soccer Association.

Signature: _____ Date: _____

(Name of Complainant)

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Mail or Email to Alaska Youth Soccer:

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Anchorage, AK 99503

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