



## SOCCER PLAYER INCIDENT FORM

Complete this form and submit immediately to your Association/ Club President and/ or designated representative for all incidents during a soccer event.

PERSON COMPLETING REPORT		
Name of Person Completing Report:	Title (if applicable):	
Telephone: (    )                      Cell: (    )	Email:	
LOCATION OF INCIDENT		
Date of Incident: Day:                      Month:                      Year:	Time of Incident:                      AM <input type="checkbox"/> PM <input type="checkbox"/>	
Type of Incident: Bodily Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Other (see comment) <input type="checkbox"/>	Other:	
Description of Incident:		
Location Address:	Specific Location on Incident:	
BODILY INJURY REPORT		
Name of Injured Person:	Date of Birth: Day:                      Month:                      Year:	
Address:	City/ Town:	
Postal Code:	Telephone: (    )                      Cell: (    )	
Email:	Part of Body Injured:	
Brief Summary of Incident and Injury:		
Was First Aid Administered:    Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, please describe what was said to injured person below:	
Who Administered First Aid:	Describe First Aid Provided:	
Were Emergency Medical Services (EMS) Called?    Yes <input type="checkbox"/> No <input type="checkbox"/>	EMS Offered:    Accepted <input type="checkbox"/> Refused <input type="checkbox"/>	
Were Police Called?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, Attending Officer Name:	
Were Parents/ Guardians Notified?    Yes <input type="checkbox"/> No <input type="checkbox"/> In Attendance <input type="checkbox"/>	By Whom?:	
Parent/ Guardian Name:	Telephone: (    )                      Cell: (    )	
FIRST-AIDER SIGN-OFF		
Date: Day:                      Month:                      Year:	Name:	Signature:
<i>Parent/ Guardian contact information should be available on the "Player Medical Information Form" (Ref: BCSA-FORM-002).</i>		
<small>Disclaimer: Personal information used, disclosed, secured, or retained by Big Country Soccer Association and its members, and its assigned volunteers will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Big Country Soccer Association requirements.</small>		



## PROPERTY DAMAGE INCIDENT

Name of Property Owner:

Address:

City/ Town:

Telephone: ( )

Cell: ( )

Email:

Describe the Property Damage:

Brief Summary of Property Damage Incident:

Estimated Cost for Repairs: \$

Cost Estimate Attached: Yes  No

## COMPLETE WITNESS INFORMATION

Name of Witness:

Date of Statement: Day:

Month:

Year:

Relationship to Injured Person:

Parent/ Guardian

Event Official

Match Official

Spectator

Coach

Address:

Cit/ Town:

Postal Code:

Telephone: ( )

Cell: ( )

Did Witness Make a Statement: Yes  No

If YES, describe what the WITNESS said and attach additional pages if necessary:

## DIAGRAM (if required)