Standard Operating Procedure



SOP Number2000SOP TitleReport Injuries

| | NAME | TITLE | SIGNATURE | DATE |
|------------|-------------------|--|-----------|------|
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| Reviewers | - | U11-19 Program Director Timbit Director | | |
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Season SOP No: 2010 SOP Title: Report Injuries

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1. PURPOSE

The purpose of this SOP is to report an injury and submit the necessary paperwork.

2. SCOPE

An Incident involving an injury to a player or coach is to reported by a member of the coaching team no matter how minor it may seem within five days of the incident.

This procedure is for injuries that occur to a player or coach during practices, games, tournaments, related training activities and related approved travel. These ALL must be Alberta Soccer-sanctioned.

It does not include other events such a warp up parties or an individual travelling to games or practices.

3. **DEFINITIONS**

4. **RESPONSIBILITIES**

4.1 Coaching team:

The coaching team is responsible for filling out and submitting an incident report for any injury no matter how minor to a coach or player.

4.2 Program Director:

The Program Director is responsible for reviewing the incident form and taking any appropriate actions.

5. SPECIFIC PROCEDURE

| Step | Description |
|------|---|
| 1 | A member of the coaching team fills in incident report found on the Fort Saskatchewan Soccer website http://www.fortsasksoccer.ca/form/4010 |
| 2 | The program director reviews the report and take any required actions such as advising the parents of the ASA claim process. http://www.fortsasksoccer.ca/content/forms |

6. FORMS/TEMPLATES TO BE USED

6.1 Incident Report Form

The current version of the Player Request Form can be found on the FSS website under the Forms tab.

http://www.fortsasksoccer.ca/form/4010



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7. INTERNAL AND EXTERNAL REFERENCES

7.1 Internal References

7.2 External References

7.2.1 ASA Medical Form

For more information please visit the <u>Alberta Soccer Association's Insurance</u> page.

Link to the insurance form <u>https://albertasoccer.com/wp-content/uploads/2016/11/Sutton-Authorization-Medical-Form-1.pdf</u>