



North East United Soccer Club
 P. O Box 1005
 Torbay, NL
neuscoccer@outlook.com



Incident & Injury Report

Adopted on: October 16, 2022
 Approved by: NEUSC Board of Directors
 Last Updated: October 16, 2022

Report to be completed by a member of the NEUSC Board of Directors or NEUSC Coach Only.

Date:		Time:		Name of Reporter:	
Type of Incident:	<input type="checkbox"/> Injury	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Theft	<input type="checkbox"/> Altercation	<input type="checkbox"/> Other
Name of Person (s) Involved:				League:	
Location of Incident:				City:	
Witness Information	Name:			Phone Number:	
	Name:			Phone Number:	
	Name:			Phone Number:	
Emergency Contact for Persons Involved:			Phone Number:		Contacted: (Y) (N)
Report Completed by:			Phone Number:		

Describe the Incident: <i>(Provide as much detail as possible)</i>	



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Was First Aid Offered:	() Yes () No
Was First Aid Administered:	() Yes () No
If yes, by whom:	Name: Phone Number: First Aid Trained: () Yes () No
Describe Treatment Given:	
Was 911 Called:	() Yes () No
If emergency services respond - Badge Number/Track Number:	
If medical treatment was declined, please have injured party sign here:	
Injured Party Released to:	() Self () Parent () EMS () Other
If released to EMS, which hospital was the injured party being taken to:	

Signature of Reporter:	
Signature of Person(s) Involved: <i>(To be signed by parent/guardian if person under 18 years of age)</i>	

Completed report to be submitted to NEUSC Board of Directors for review and follow-up as required.