



United State Youth Soccer of Nevada

2626 South Rainbow #103 * Las Vegas, Nevada 89146
(702) 870-3024 * (702) 870-9990 (F) * Email: USYSNV@aol.com

5:07:00

REPORT OF INJURY

Complete this entire form, including signatures. This form **must** accompany the insurance claim form. USYSNV will **not** process the insurance claim if **all** information requested is not furnished.

Date: _____

Name: _____ H Phone: _____

W Phone: _____ C Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: Month _____ Day: _____ Year: _____ Sex: _____

Team Name: _____ League: _____

Date Accident Occurred: _____ Date Accident Reported: _____

Place Accident Occurred: _____

Describe Accident or Exposure causing injury: (Indicate if cut, bruise, sprain, etc.)

Were there any witnesses: (Give full names) _____

Condition of field at time of accident: _____

Signature of Coach: _____ Date: _____

Signature of Patient: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____