

**Hillsdale Soccer Association -- Pascaack Valley Youth Soccer Association  
Accident/Injury Report**

Date of Report:\_\_\_\_\_ League/Division (grade):\_\_\_\_\_

Name of Person Reporting:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Name of Injured:\_\_\_\_\_ Age:\_\_\_\_\_ Circle one: Male/Female

Address of Injured \_\_\_\_\_ Phone No: \_\_\_\_\_  
\_\_\_\_\_

Location of Accident (field)\_\_\_\_\_ Date of Accident:\_\_\_\_\_

Head Coach Name:\_\_\_\_\_ Time of Accident:\_\_\_\_\_ am/pm

Name of person in charge (if not head coach):\_\_\_\_\_

Names of other witnesses:\_\_\_\_\_

Describe the accident, including details on how it occurred and contributing factors. Use names of people involved, wherever possible.

Describe any first aid given, including names of people who administered it.

Did the injured person receive or seek immediate professional medical care?

**Use the back of this form if any additional space is needed.**

Signature:\_\_\_\_\_

Provide copies to:

1. League Director

2. Recreation Soccer Safety coordinator for the town in which the incident occurred:

Hillsdale: Kevin Killian 23 Whitman Place, Hillsdale NJ 07642 201-722-0799

River Vale: