



South Shore Soccer League



This Incident Report should be completed and submitted by the Team Official and submitted to the South Shore Soccer League Medical Director.

SECTION 1 – INJURED PERSON

Name _____ DOB: _____ Male Female

Parent / Guardian _____

Address _____

Street

City/Town

State

Zip Code

_____ Email Address

_____ Telephone

Injured Person Was: Player Team Official Referee Spectator Other _____

Club/Town Team _____

SECTION 2 – INCIDENT

Date of Injury: _____ Time of Injury: _____

Event at which the Incident Occurred: GAME PRACTICE TRYOUTS TOURNAMENT OTHER

Location at Which Injury Occurred _____

Details of the Incident: _____

SECTION 3 - THE INJURY

Nature and Extent of Injury _____

Was Medical Care Provided at the Site? Yes No By Whom? _____

SECTION 4 – REPORTING OFFICIAL

Name of Team/Club Official: _____

Address _____

Street

City/Town

State

Zip Code

_____ Email Address

_____ Telephone

Signature _____ Date _____