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SAY SOCCER INCIDENT REPORT

(PLEASE PRINT)

NATURE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER: _____	
TIME & PLACE OF INCIDENT	DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM EVENT NAME: _____ EVENT TYPE: _____ SANCTIONED BY: _____ LOCATION: _____	
HAPPENED TO	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female PHONE: (____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
FUNCTION	AS: <input type="checkbox"/> ATHLETE <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SPECTATOR <input type="checkbox"/> BYSTANDER <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER: _____	
APPARENT INJURY OR DAMAGE	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="checkbox"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="checkbox"/> FATALITY	
OCCASION	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____	
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED: _____ _____ _____	
WITNESSES (if known)	NAME: _____ NAME: _____ ADDRESS: _____ ADDRESS: _____ PHONE: (____) _____ PHONE: (____) _____	
INSURED	SAY AREA/DISTRICT: _____ CLUB NAME: _____ PHONE: (____) _____ CITY: _____ STATE: _____	
INSURED REPRESENTATIVE	<input type="checkbox"/> COACH <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TRAINER <input type="checkbox"/> PROMOTER <input type="checkbox"/> TEAM/LEAGUE REPRESENTATIVE <input type="checkbox"/> OTHER: NAME: _____ PHONE: (____) _____ TITLE: _____ ORGANIZATION: _____ SIGNATURE: _____ DATE: _____	

**COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:
 SAY SOCCER NATIONAL OFFICE, 2812 KEMPER ROAD, CINCINNATI, OH 45241**

Fax: 513-769-0500 • Email: JBlanton@saysoccer.org

THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE BEFORE RETURNING OR PROCESSING MAY BE DELAYED