



CYSA CASE REPORT

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This CYSA CASE REPORT should be completed and submitted by the Team Official and submitted to the CYSA State Office at the address above.

Name of Injured Person: _____ Date of Birth: _____
(MM/DD/YYYY)

WHO WAS INJURED: PLAYER TEAM OFFICIAL OTHER: _____

CYSA I.D.#: _____ GENDER: Male Female

DISTRICT #: _____ LEAGUE #: _____ CLUB #: _____ TEAM #: _____

LEAGUE NAME: _____ TEAM NAME: _____

ADDRESS OF INJURED PERSON: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/LEGAL GUARDIAN: _____ PHONE: (____) _____

CYSA SANCTIONED EVENT WHERE INCIDENT TOOK PLACE:

ASSOCIATION CUP FOUNDERS' CUP LEAGUE GAME ODP PRACTICE STATE CUP TRYOUTS

TOURNAMENT/JAMBOREE: _____
Provide the name of the Tournament/Jamboree

OTHER: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ AM or PM
(MM/DD/YYYY)

NAME OF FACILITY: _____ IN THE CITY OF: _____

DESCRIPTION OF INJURY: _____

DESCRIPTION OF THE INCIDENT (DETAILS): _____

If the injury occurred during a soccer related activity, do you have insurance coverage through any other soccer organization? If so, please name the organization _____.

I declare under **Penalty of Perjury** under the laws of the **State of California** that the injury reported on this form occurred during a **California Youth Soccer Association, Inc. (CYSA)** sanctioned event and that this declaration was executed at _____, California, on _____.
City (MM/DD/YYYY)

Print Name of Team Official: _____ Signature: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: (____) _____ E-MAIL: _____

IF THIS FORM IS NOT COMPLETE IT WILL BE RETURNED TO THE TEAM OFFICIAL

APPROVED BY CYSA STATE OFFICE: _____ **DATE:** _____