

# INCIDENT REPORT

**IMPORTANT:** Current EUSA policy prohibits consideration of Incident Reports which are submitted anonymously, submitted unsigned, reported by spoken word alone, and/or present to a Club Official, by mail or in person, more than seven (7) days after the date the incident occurred.

**INFORMATION REQUESTED WITHIN THIS GRAY BORDER MUST BE PROVIDED BEFORE REPORT WILL BE CONSIDERED FOR REVIEW**

Date of Incident   /   /

Approximate Time of Incident  :   AM  PM

Location of Incident (name of field, park, etc.) \_\_\_\_\_

Name of Person Reporting Incident \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ NJ Zip Code

(  )  -

HOME Phone (include AREA CODE)

Relationship or function of this Reporter in this Incident (CHECK ONE):

Parent  Coach  Referee  Director  EUSA Board Member

Other (indicate) \_\_\_\_\_

**NOTE:** If this incident involves injuries which require(d) medical attention, the family of the injured party may elect to file a medical claim through the secondary insurance carried by EUSA. Ask your coach for forms and instructions.

Incident occurred at a (CHECK ONE):

Micro-Soccer game  Recreation League game  Travel Soccer game  Other (specify) \_\_\_\_\_

Micro-Soccer practice  Recreation League practice  Travel Soccer practice \_\_\_\_\_

## DESCRIPTION OF THE INCIDENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

If additional space is needed, continue report on back of this sheet and check here

**SIGNATURE REQUIRED FOR PROCESSING OF REPORT**

Signature of Person Reporting Incident \_\_\_\_\_

Date Written   /   /

## THE SECTION BELOW IS FOR USE BY EUSA OFFICIALS ONLY

EUSA Official receiving this Report \_\_\_\_\_ Date Report Was Received   /   /

Additional action required?  No  Yes If YES, describe actions / recommendations below (attach additional sheet, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of EUSA Official \_\_\_\_\_ Date   /   /