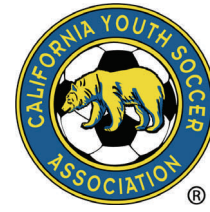




CASE REPORT



CYSA CASE REPORT MUST BE SUBMITTED INTO THE CYSA STATE OFFICE WITHIN NINETY (90) DAYS FROM THE DATE OF INCIDENT

|| 1040 SERPENTINE LANE SUITE 201 || PLEASANTON || CA || 94566-4754 || 925.426.KIDS ||

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

NAME OF INJURED PERSON: _____ BIRTH DATE: _____
(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/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: _____