

Advanced Notice of Injury

Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Club: _____ Team: _____
MVSC player/coach identifier: _____ Date / Time of Injury: _____

Type of Medical Treatment: First Aid 9-1-1 / Emergency Services Other

Is injured person a: Player Coach/Asst Coach Other: _____

Did the injury during: game practice tournament indoor soccer
 sanctioned /sponsored activities travel directly to or from activity
 Other: _____

Name of field/facility where injury occurred: _____

Type of Injury: _____

Description of Incident / How did injury occur: _____

Immediate Actions Taken: _____

List of Witnesses: _____

Does the injured have primary insurance: YES NO

Coach/Club President: _____ Phone #: _____

Signature of Coach: _____ Date: _____

AFTER COMPLETING THE ABOVE, PLEASE SEND THIS FORM VIA EMAIL TO:
RiskManagement@MinisinkValleySC.com

Club Acknowledgment: _____ Date: _____