



Clay County Soccer Club Incident Report:

Use this form to report accidents, injuries, medical situations, or player behavior incidents. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Executive Director.

Full Name: _____

Phone Number: _____

Email Address: _____

Date of Incident: _____ Were emergency services contacted: Y / N

Time of Incident: _____ Location of Incident: _____

Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary):

Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies):

Were there any witnesses? If so, please include name and contact information:

Signature of the reporter: _____ PRINT NAME: _____