



ARIZONA YOUTH SOCCER ASSOCIATION
INJURY REPORT FORM

An AYSA Injury Report must be filed within 30 days of the date of the injury and prior to filing a medical claim.

Seasonal Yr: ____ to ____

Status: Injured

New Report:

Correction

Person:

Player

Coach

Other

Male

Female

Date of Birth

MM

DD

YYYY

Name: _____

Phone: _____

Area Code

Address: _____

City: _____ State: _____

Zip: _____

Member I.D. No.: _____

Injury Information:

League Game

Tournament Game

Practice

Other

Team Name: _____

Location: _____ State Affiliation: _____

Injury Details:

Date Injury Occurred: _____ Time ____ : ____ a.m./p.m. (circle one)

Describe the incident Below in Detail. Attach Additional Pages If Necessary: _____

Signatures:

Coach: _____
Print Name

Signature: _____

Parent/Guardian: _____
Print Name

Signature: _____

Parent/Guardian Employer: _____

Phone: _____ - _____

Medical Insurance Co.: _____

Phone: _____ - _____
Area Code

Policy No.: _____

FOR STATE ASSOCIATION ONLY

Date Report Received: _____ Date Initial Medial Claim Received: _____
Date Initial Medical Claim Approved: _____

Processed By: _____ Signature: _____
Print Name

Notes: _____

Mall completed form to:

9034 N. 23rd Avenue

Suite 10

Phoenix, AZ 85021

602-433-9202

FAX 602-433-9221

Toll Free 877-723-2972

(AYSA Rev 5/18/17)