



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: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name

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)