



**Rockland United Soccer Club  
ACCIDENT REPORT FORM**

It is important for insurance purposes that an "Accident Report" be completed in the event of an injury/accident occurring to a player during either training, game day or sanctioned activities.

A team official must complete the following form if an injury/accident occurs and forward the completed form within 24 hours to the club's office.

Date of accident (Month/Day/Year): \_\_\_\_\_

Time of accident: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Team's Name: \_\_\_\_\_

Accident occurred during: game \_\_\_\_\_ practice \_\_\_\_\_ tournament \_\_\_\_\_ other \_\_\_\_\_

Location that accident occurred: \_\_\_\_\_

Witness (Name/Phone number): \_\_\_\_\_

Describe details of accident and injury sustained:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any comments or observations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Care given:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and signature of team official: \_\_\_\_\_

Dated: \_\_\_\_\_

<b>For office use only</b>
Did the accident occur during a sanctioned event? Yes ___ No ___
Name of injured person: _____
OSA registration number of injured person: _____
Club official name and signature: _____