**Arizona Revolution Soccer Club Accident Report Form**

**Information for Injured participant (complete one report for each casualty)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Gender |  |
| Name of parent/guardian |  |
| Home address |  |
| Home phone |  | E-Mail: |  |
| Cell phone |  | Date of Report |  |
| Status | Participant |  | Parent |  | Club coach |  | Other |  |

**Accident information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of accident |  | Time of accident |  |
| Address of accident |  |

**Nature of the injury (check the box for all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Abrasion |  | Fracture |  |
| Asphyxiation |  | Laceration |  |
| Bite |  | Poisoning |  |
| Bruise |  | Puncture |  |
| Burn |  | Scalds |  |
| Concussion |  | Scratches |  |
| Cut |  | Shock |  |
| Dislocation |  | Sprain |  |
| Other (specify |  |

**Location of the injury (check the box for all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Abdomen |  | Finger |  | Elbow | ( \_\_\_\_R / \_\_\_\_L ) |
| Ankle | ( \_\_\_\_R / \_\_\_\_L ) | Eye | ( \_\_\_\_R / \_\_\_\_L ) | Scalp |  |
| Back |  | Head |  | Leg | ( \_\_\_\_R / \_\_\_\_L ) |
| Arm | ( \_\_\_\_R / \_\_\_\_L ) | Foot | ( \_\_\_\_R / \_\_\_\_L ) | Knee | ( \_\_\_\_R / \_\_\_\_L ) |
| Chest |  | Mouth |  | Tooth |  |
| Ear | ( \_\_\_\_R / \_\_\_\_L ) | Hand | ( \_\_\_\_R / \_\_\_\_L ) | Wrist | ( \_\_\_\_R / \_\_\_\_L ) |
| Face |  | Nose |  |  |  |
| Other (specify |  |

**Specific details about the accident**

How did accident happen? What was the person doing? Where was the person? List any specifically unsafe acts and unsafe conditions existing? Specify equipment involved? Additional space available on back of sheet

**Immediate action taken**

Specify what action was taken and who performed it

**Witnesses**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Witness: |  | Name of Witness: |  |
| Address |  | Address |  |
| Phone # |  | Phone # |  |
| E-Mail |  | E-Mail |  |

**Name of person completing the report**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Gender |  |
| Position/role |  |
| Home address |  |
| Home phone |  | E-Mail: |  |
| Cell phone |  | Date of Report |  |

This report is a true and accurate record of the accident.

Signature of person completing report: Date: