



Little Ferry / South Hackensack Soccer

(Non-profit group dedicated to recreational youth soccer)

PRELIMINARY ACCIDENT REPORT FORM

RETURN THIS FORM TO: *LFSH Soccer Committee in person or via Little Ferry Borough Hall*

This form must be submitted within 48 hours from date of injury signed by the coach, referee, or a Committee Member (if present). Please keep one copy for your personal records.

NAME OF INJURED PERSON: _____

ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP: _____

DIVISION: _____ TEAM: _____ AGE: _____ SEX: _____

DATE OF INJURY: _____ TIME OF INJURY: _____

LOCATION WHERE INJURY OCCURRED: _____

WAS INJURY THE RESULT OF:

Practice? Yes__No__ Regular Season Game? Yes__No__ Tournament? Yes__No__

DESCRIBE INJURY: _____

COMMENTS: _____

POLICE OR EMERGENCY PERSONNEL REQUESTED? Yes__No__

PLAYER'S PARENT OR GUARDIAN PRESENT? Yes__No__

SIGNATURE OF COACH, REFEREE OR COMMITTEE MEMBER: _____

Print Name: _____

ADDRESS OF ABOVE: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF WITNESS: _____

ADDRESS OF WITNESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE OF WITNESS: _____

Print Name: _____