KING UNITED SOCCER CLUB

SPECIAL INCIDENT and INJURY REPORTING FORM

The form must be submitted by team representative within 24 hours of the incident/injury during Club sanctioned event such as game or practice indoors or outdoors to admin@kingunitedsc.com

PLEASE PRINT CLEARLY:	
Type of Incident: ☐ Injury ☐ Altercation (Physical or Verbal) ☐ Vandalism ☐ Other (specify):	
Location of the incident:	**Age Group:**
Date of the incident:	**Time:**
Event: ☐ Camp ☐ Game ☐ Practice ☐ Other (specify):	
Reported by:	**Phone/Email:**
Parent/guardian contacted: ☐ Yes ☐ No	**If No, why not:**
First Aid Administered: ☐ Yes ☐ No	**If Yes, by whom:**
Was 911 called: ☐ Yes ☐ No	**If Yes, Badge/Truck#:**
If the medical treatment was declined, please have injured party sign here:	

List the name(s) of the person(s) involved and indicate their role in the incident (i.e.: player, coach, manager, trainer, club official, spectator, witness, or other (specify):

Describe the incident in details (use extra space if necessary):

Report Completed By (*print name*):
Date: