

# NYSCOS/OC Soccer Officials

## Liability Alert Form

Fill in completely and submit to the Association Secretary/ Treasurer

Today's Date: \_\_\_\_\_

Name of injured player: \_\_\_\_\_ School: \_\_\_\_\_

Home team: \_\_\_\_\_ Visiting team: \_\_\_\_\_

School where incident occurred: \_\_\_\_\_ Which field? \_\_\_\_\_

Time of incident: Date: \_\_\_\_\_ Hour: \_\_\_\_\_ Number present (approx.): \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was the injured disobeying rule or regulation in force at the time of the incident? \_\_\_\_\_

Supervisor in charge of the team: \_\_\_\_\_

Probable nature of injury: \_\_\_\_\_

Nature of injury determined by: \_\_\_\_\_

Names of adults who saw the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was done for the injured? \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Report submitted by:**

**Report received by:**

\_\_\_\_\_  
Official's Name (print)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Date received