

**SEYMOUR SOCCER ASSOCIATION**  
**INJURY REPORT**

SSA IN-HOUSE DIRECTOR OR TRAVEL DIRECTOR MUST BE NOTIFIED *IMMEDIATELY*  
REPORT MUST BE DELIVERED ELECTRONICALLY OR BY HAND WITHIN 48 HOURS OF THE  
INCIDENT TO THE IN-HOUSE OR TRAVEL DIRECTOR

**PLAYER NAME:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**LOCATION OF INJURY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_      **PRACTICE:** \_\_\_\_\_      **GAME:** \_\_\_\_\_

**Summary/Description of incident:**

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

**Description of injury (e.g., pain and swelling to the right hand):**

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

**What action was taken? (i.e. ice; first aid; called EMS; sent to ER):**

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

**Was the parent of guardian notified?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Was the parent/guardian present at time of injury?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Report Filed by:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_