

NYSCOS
New York State Certified Officials of Soccer
Liability Alert Form

Basic Information

Today's Date:			
Injured Player's Name:		Injured Player's School:	
School Where Accident Occurred:		Number Present	
Home Team:		Visiting Team:	

Accident Description

Date of Accident:			
Day of the Week:		Hour:	
Description of the Accident:			
Was the injured person disobeying rule or regulation in force at the time of the accident?			
Was the injured person negligent?			
If the person as negligent, in what way?			
Supervisor in charge of the team:			
Probably nature of the injury:			
Nature of the injury determined by:			
Names of adults who saw the accident:			
What was done for the injured person?			

Remarks

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Report Submitted By:		Report Received By:	
Officials Name:		Name:	
Fellow Official(s)		Date:	

Once completed, please send this form to the CVSOA Secretary AND CVSOA President
secretary@cvsoa.com and president@cvsoa.com