



Fullerton Rangers Youth Soccer Club

369 S. Acacia Ave, Fullerton, CA 92831 714-519-3171

Injury/Incident Report

Please email this form to bod19@fullertonrangers.com within 24 hrs. Thank you.

1. Team Number of Injured Party: _____

2. Coach's Name: _____

3. Name of Injured Person: _____

4. Address of Injured Person: _____

5. Parents Name: _____

6. Parent's Phone: _____ E-mail: _____

7. Nature of incident/injury:

8. Body part injured: _____

9. Date and time of incident/injury: _____

10. Venue where incident/injury took place: _____

11. Explanation of how and where the incident/injury happened (Describe activity taking place e.g. warm up, drills, training game, etc):

12. Explain the action taken (e.g. first aid treatment, first aider's name, etc):

13. Were any of the following contacted:
 Ambulance Parent/Guardian Police

14. What happened to the injured party after the incident/injury (e.g. went home, to hospital, carried out, etc):

15. Did you provide the Cal South Insurance information to the injured party?
 YES (DATE: _____) Offered but Refused NO

Signed: _____ Date: _____

Printed Name: _____ Title: _____