

NYSCOS

New York State Certified Officials of Soccer

Liability Alert Form

Date: _____

Player's name: _____ School: _____

School where accident occurred: _____ Number present: _____

Home Team: _____ Visiting Team: _____

Accident occurred on: Date _____ Day _____ Hour _____

Description of accident: _____

Was the injured disobeying rule or regulation in force at the time of the accident? _____

Was the injured negligent? _____ If so, in what way? _____

Supervisor in charge of team: _____

Probable nature of injury: _____

Nature of injury determined by: _____

Names of adults who saw accident: _____

What was done for injured? _____

Remarks: _____

Report submitted by:

Report received by:

Official's name: _____

Date received: _____

Name of fellow official: _____