



Eastern New York Youth

Soccer Association, Inc.

Affiliated with ENYSASA - USYSA - USSF - FIFA



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ADVANCE NOTIFICATION OF INJURY

NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ SOCIAL SECURITY # _____

CLUB _____ TEAM _____

DATE OF INJURY _____ TIME _____ PLACE _____

TYPE OF INJURY _____

HOW DID INJURY OCCUR _____

DOES THE INJURED PLAYER HAVE PRIMARY INSURANCE? _____ YES _____ NO

COACH _____ PHONE # _____

SIGNATURE OF CLUB OFFICIAL _____

DATE _____

