California Youth Soccer Association, Inc.

CASE REPORT

CAL NORTH CASE REPORT MUST BE SUBMITTED INTO THE CAL NORTH STATE OFFICE WITHIN NINETY (90) DAYS FROM THE DATE OF INCIDENT

| 1040 Serpentine Lane Suite 201 Pleasanton, CA 94566-4754 | 925.426.KIDS | Fax: 925.426.9473 |

This Cal North CASE REPORT **MUST** be completed by the Team Official and submitted to the Cal North State Office at the address above.

NAME OF INJURED PERSON:_____ **BIRTHDATE:**_____

WHO WAS INJURED: ☐PLAYER ☐TEAM OFFICIAL ☐OTHER:_____

CAL NORTH I.D.#:_____ **GENDER:** ☐MALE ☐FEMALE

DISTRICT #:_____ **LEAGUE #:**_____ **CLUB #:**_____ **TEAM #:**_____

LEAGUE NAME:_____ **TEAM NAME:**_____

ADDRESS OF INJURED PERSON:_____

CITY:_____ **STATE:**_____ **ZIP CODE:**_____

PARENT/LEGAL GUARDIAN:_____ **CONTACT PHONE:**_____

EMAIL ADDRESS:_____

CAL NORTH SANCTIONED EVENT WHERE INCIDENT TOOK PLACE:

☐ASSOCIATION CUP ☐FOUNDERS' CUP ☐LEAGUE GAME ☐ODP ☐PRACTICE ☐PRESIDENTS CUP ☐STATE CUP

☐TRYOUTS ☐CAL NORTH – CCSL ☐PLAYING LEAGUE:_____

☐TOURNAMENT/JAMBOREE:_____ ☐OTHER:_____

DATE OF INJURY:_____ **TIME OF INJURY:**_____ ☐**AM** ☐**PM**

NAME OF FACILITY:_____ **IN THE CITY OF:**_____

DESCRIPTION OF INJURY:_____

DESCRIPTION OF THE INCIDENT (DETAILS):_____

If the injury occurred during a soccer related activity, do you have insurance coverage through any other soccer organization? ☐**YES** ☐**NO** If so, please name the organization:_____

I declare under **Penalty of Perjury** under the laws of the **State of California** that the injury reported on this form occurred during a **California Youth Soccer Association, Inc. (Cal North)** sanctioned event and that this declaration was executed at (City)_____, California, on (Date)_____.

PRINT NAME OF TEAM OFFICIAL:_____ **SIGNATURE:**_____

ADDRESS:_____ **CITY:**_____ **ZIP CODE:**_____

CONTACT PHONE:_____ **EMAIL ADDRESS:**_____

IF THIS FORM IS NOT COMPLETE IT WILL BE RETURNED TO THE TEAM OFFICIAL

VERIFIED & APPROVED BY LEAGUE OFFICER:_____ **DATE:**_____

REVIEWED BY DISTRICT COMMISSIONER OR DESIGNEE:_____ **DATE:**_____

APPROVED BY CAL NORTH STATE OFFICE:_____ **DATE:**_____

FORM 8206 REVISED 05/2012