BURLINGTON YOUTH SOCCER CLUB
Player Injury Report Form

This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Trainer, Coach, Assistant Coach, Manager) who witnessed the incident must complete this form and submit it to the BYSC office within 24 hours at injury@burlingtonsoccer.com. If an insurance claim needs to be made through OSA, parents/guardian can refer to Ontario Soccer Insurance link on BYSC website).

☐ **If the player sustained a concussive injury outside of a soccer-related event (e.g. at school, at home, etc.), please check this box, complete relevant sections of the form, and send to BYSC; concussion protocol will need to be followed; player is not eligible for OSA insurance.**

Date of Injury: _____ **Time:** _____

Player's Full Name: _____

Location of Injury (Field Name, Town, etc): _____

_____

List Injuries (E.g. Head injury – list symptoms; fracture; sprain; etc.): _____

_____

_____

Describe Incident / Mechanism of injury (E.g. Head-to-head collision, fell awkwardly on right ankle, etc.): _____

_____

_____

Emergency Medical Services called? Yes _____ **No** _____

Hospital / Clinic (where player being transported): _____

Mode of Transportation to Hospital / Clinic: _____

Parents / Guardians of Player: _____

Advised: Yes _____ **No** _____

TEAM INFORMATION: ☐ **Competitive** ☐ **House League**

Team Name/Age: _____ **Opposing Team:** _____

Name of Team Official completing this form: _____

Team Official Position: _____ **Team Official Ph #:** _____

Signature: _____

(1) Witness Name: _____ **Witness Ph #:** _____

(2) Witness Name: _____ **Witness Ph #:** _____