

Central Islip Soccer Club Player Incident Report

Guardian Name:

Player Name:

Home Phone: Cell Phone: email:

Team Name:

Coach Name:

Incident Date: Time: During practice: After practice: During the game: After the game:

Incident Location:

Was there any witness to this incident? NO YES

Witness Name:

Did the incident involved another member in the club? NO YES

If Yes, Who was involved? Coach: YES Parent: YES Player: YES

Name: From which Team:

Did you or your child report the incident to your coach: NO YES Was it resolved? NO YES

Were any player(s) injured? NO YES Name of Player(s):

Type of Injury: What time did the injury occurred?:

Give an accurate description of this incident:

Did your child ever had any incident with members of the team since joining the club? NO YES

if (Yes) please explain:

All incident involving players within this club should be reported as soon as it happened. All incident reported withing 24 hours will be dealt with immediately. Incident reported after 24 hours will be investigated. **Incident report can only be filled by proper Guardian/Parent. Once filed expect a call from a club member.**