



Eastern New York Youth Soccer Association, Inc.

Affiliated with ENYSASA – USYSA – USSF – FIFA



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ADVANCE NOTIFICATION OF INJURY

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ S. S. #: _____

Club: _____ Team: _____

Date / Time of Injury: _____ Place: _____

Type of Injury: _____

How Did Injury Occur: _____

Does the injured player have Primary Insurance? ____ Yes ____ No

Coach: _____

Phone #: _____

Signature of Club Official

Date

Note: Mail this form directly to ENYUSA.

