

# NYSCOS

New York State Certified Officials of Soccer

## Liability Alert Form

Date: \_\_\_\_\_

Player's name: \_\_\_\_\_ School: \_\_\_\_\_

School where accident occurred: \_\_\_\_\_ Number present: \_\_\_\_\_

Home Team: \_\_\_\_\_ Visiting Team: \_\_\_\_\_

Accident occurred on: Date \_\_\_\_\_ Day \_\_\_\_\_ Hour \_\_\_\_\_

Description of accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the injured disobeying rule or regulation in force at the time of the accident? \_\_\_\_\_

Was the injured negligent? \_\_\_\_\_ If so, in what way? \_\_\_\_\_

\_\_\_\_\_

Supervisor in charge of team: \_\_\_\_\_

Probable nature of injury: \_\_\_\_\_

Nature of injury determined by: \_\_\_\_\_

Names of adults who saw accident: \_\_\_\_\_

\_\_\_\_\_

What was done for injured? \_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

**Report submitted by:**

**Report received by:**

\_\_\_\_\_  
Official's name

\_\_\_\_\_

\_\_\_\_\_  
Name of fellow official

Date received: \_\_\_\_\_