



Pascack Valley Youth Soccer Association
 Hillsdale Soccer Association – River Vale Youth Soccer Association
Accident/Injury Report

Date of Report:	League/Division (grade):
Name of Person Reporting:	Phone Number:
	Age: Circle one: Male/Female
Name of Injured:	
Address of Injured:	
Phone No:	
Location of Accident (field):	Date of Accident:
Head Coach Name:	Time of Accident: am/pm
Name of person in charge (if not head coach):	
Names of other witnesses:	
Describe the accident, including details on how it occurred and contributing factors. Use names of people involved, wherever possible:	
Describe any first aid given, including names of people who administered it:	
Did the injured person receive or seek immediate professional medical care?:	

Use the back of this form if any additional space is needed.

Signature: _____ Date: ____/____/____

Provide copies to:

1. League Director
2. Recreation Soccer Safety coordinator for the town in which the incident occurred:

Hillsdale: Kevin Killian 23 Whitman Place, Hillsdale NJ 07642 201-722-0799

River Vale: Nick LaRocca 516 Wittich Terrace, River Vale NJ 07675 201-774-9840