



# CASE REPORT



**CYSA CASE REPORT MUST BE SUBMITTED INTO THE CYSA STATE OFFICE WITHIN NINETY (90) DAYS FROM THE DATE OF INCIDENT**

**|| 1040 SERPENTINE LANE SUITE 201 || PLEASANTON || CA || 94566-4754 || 925.426.KIDS ||**

*This CYSA CASE REPORT **MUST** be completed and submitted by the Team Official and submitted to the CYSA State Office at the address above.*

NAME OF INJURED PERSON: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
(MM/DD/YYYY)

WHO WAS INJURED:  PLAYER  TEAM OFFICIAL  OTHER: \_\_\_\_\_

CYSA I.D.#: \_\_\_\_\_ GENDER:  MALE  FEMALE

DISTRICT #: \_\_\_\_\_ LEAGUE #: \_\_\_\_\_ CLUB #: \_\_\_\_\_ TEAM #: \_\_\_\_\_

LEAGUE NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

ADDRESS OF INJURED PERSON: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

### CYSA SANCTIONED EVENT WHERE INCIDENT TOOK PLACE:

ASSOCIATION CUP  FOUNDERS' CUP  LEAGUE GAME  ODP  PRACTICE  STATE CUP  TRYOUTS

TOURNAMENT/JAMBOREE: \_\_\_\_\_  
PROVIDE THE NAME OF THE TOURNAMENT/JAMBOREE

OTHER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_ AM/PM  
(MM/DD/YYYY)

NAME OF FACILITY: \_\_\_\_\_ IN THE CITY OF: \_\_\_\_\_

DESCRIPTION OF INJURY: \_\_\_\_\_

DESCRIPTION OF THE INCIDENT (DETAILS): \_\_\_\_\_

If the injury occurred during a soccer related activity, do you have insurance coverage through any other soccer organization? If so, please name the organization \_\_\_\_\_

I declare under **Penalty of Perjury** under the laws of the **State of California** that the injury reported on this form occurred during a **California Youth Soccer Association, Inc. (CYSA)** sanctioned event and that this declaration was executed at \_\_\_\_\_, California, on \_\_\_\_\_.  
(CITY) (MM/DD/YYYY)

PRINT NAME OF TEAM OFFICIAL: \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) E-MAIL: \_\_\_\_\_

**IF THIS FORM IS NOT COMPLETE IT WILL BE RETURNED TO THE TEAM OFFICIAL**

APPROVED BY CYSA STATE OFFICE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Fold)

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(Fold)

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Place  
Stamp  
Here

California Youth Soccer Association  
1040 Serpentine Lane, Suite 201  
Pleasanton, CA 94566

**Insurance**