



Accident Report

This report is to be signed by the coach and submitted to the office within 48 hours of the incident.

NAME OF THE INJURED PERSON: _____

ADDRESS: _____ TELEPHONE: _____

CITY/STATE/ZIP: _____

PARENT(S) NAME(S) (if applicable): _____

TEAM: _____ AGE: _____ GENDER: _____

DATE OF INJURY: _____ TIME OF INJURY: _____

WHERE DID INJURY OCCUR?: _____

DESCRIBE INJURY: _____

SIGNATURE OF COACH,
REFEREE, OR OTHER OFFICIAL: _____

ADDRESS OF SIGNEE: _____ TELEPHONE: _____

CITY/STATE/ZIP: _____

NAME OF WITNESS: _____ TELEPHONE: _____

SIGNATURE OF WITNESS: _____

Email completed form to: esc@elasoccer.com or
Mail to: Ela Soccer Club, 325 Surryse Rd, Lake Zurich, IL 60047