



Verona United Soccer Club Internal Incident Report

To be completed within 24 hours of incident/accident by Team Manager

Incident Date: _____ Incident Time: _____
Person #1: _____ Phone: _____
Person #2 _____ Phone: _____
Field Location: _____
Male/Female: ___ Age (if injury): _____ Parent Name: _____

Injury/Incident Type: _____
Details of Incident: _____

Additional pages may be added as needed. Continued Y or N?

Does Injury require Hospital/Physician? Yes: ___ No: ___ Taken by: _____
Hospital Name: _____ Taken to Dr. by private car?: Y or N
Name of person transporting injured person _____

Witnesses Name/Phone: _____ / _____
_____ / _____
_____ / _____

Team Name: _____ Coach: _____
Date: _____ Signature: _____
Phone: _____ Email: _____

Verona United Soccer Club maintains a zero tolerance policy of verbal or physical abuse, serious breaches of unsportsmanlike conduct, fighting, or drug/alcohol use by players or spectators. Please report serious incidents same day. Designate a responsible adult to gather information if it occurs during a game so that the coach may continue with their duties. Please note name of person who gathers pertinent information in the incident description.

Return form in non-urgent incidents or of minor injuries not requiring a doctor's care to:

Verona United Soccer Club, 880 Bloomfield Avenue, Verona, NJ 07044 or you may also email this form to veronaunitedsc@gmail.com.

Please email serious incidents or issues requiring immediate attention to the VUSC Player Advocate, or Team Administrator, with a copy to the club president.

Board of Directors Tree: <http://www.veronaunited.com/contact-us>