



200 Sonny Roy Ln. – Lafayette, LA 70507    [www.lysasoccer.com](http://www.lysasoccer.com)    [lysasoccer1978@gmail.com](mailto:lysasoccer1978@gmail.com)    Phone:337.261.5425    Fax:337.261.0640

## Initial Injury Report

REPORT IMMEDIATELY

Team: \_\_\_\_\_ Coach: \_\_\_\_\_ Area: \_\_\_\_\_

Players Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Injury: \_\_\_\_\_ Game \_\_\_\_\_ OR Practice \_\_\_\_\_

Name of Injury: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

How did Injury Occur: \_\_\_\_\_

Name of Referee (If injury occurred during a game): \_\_\_\_\_

Other Adult Leaders Present: \_\_\_\_\_

If Injury occurred during a game, held under another association, please name the association and other team's coach:

Place of Initial Medical Treatment: \_\_\_\_\_

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

**Please complete this form and mail to LYSA/CSC or fax within 24 hours of a player being injured:**

**Lafayette Youth Soccer Association**

**200 Sonny Roy Lane**

**Lafayette, LA 70507**

**Please also notify Ashley Biagas, Recreational Programs Manager, within 24 hours of the injury.**

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