



Player Accident/Injury Report

\_\_\_\_\_  
Player name:

\_\_\_\_\_  
Team name:

\_\_\_\_\_  
Coach/adults names:

\_\_\_\_\_  
Practice or game location:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of injury

Brief Description of Injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail a completed copy of this form to RYSA at 380 Woodlake Dr SE  
Rochester, MN 55904 for our records. If you have questions, please contact the office  
at 280-7584.

\* MYSA (Minnesota Youth Soccer Association) has supplemental insurance forms.  
If the parent's insurance does not cover the medical expenses they (the parents) can  
call MYSA at (952) 933-2384 to request an "Insurance Kit" to apply for additional  
coverage.