



## Player Accident/Injury Report

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

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

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

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

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

Brief Description of Injury:

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Please mail a completed copy of this form to RYSA at PO Box 6402, Rochester, MN 55903 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.