



# NEW HAMPSHIRE SOCCER ASSOCIATION

Youth and Adult Divisions

1600 Candia Road, Suite 3, Manchester, N.H. 031

603-626-9686 – phone, 603-626-9687 – fax, e-mail [nhadmin@soccernh.org](mailto:nhadmin@soccernh.org)



## Injury Report

DATE: \_\_\_\_\_

Injured Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ phone # \_\_\_\_\_

Player I.D. #: \_\_\_\_\_

Did this injury occur during:  Indoor Game  Indoor Practice  Outdoor Game  Outdoor Practice

Game/Practice: \_\_\_\_\_

Home Team

\_\_\_\_\_

Visiting Team

League: \_\_\_\_\_

Division/Age Group: \_\_\_\_\_

Date of Game/Practice: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Field Condition: \_\_\_\_\_

Weather: \_\_\_\_\_

Please report how the injury occurred:

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

Was the player transported by ambulance? If so, name of service: \_\_\_\_\_

Coach's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This report should be completed by the injured players coach and mailed to the NHSA State Office within 72 hours of the injury. Please attach a copy of the team's official roster. For more information on the "Injury Claims", process please contact the NHSA State Office at 603-626-9686