



Alliance FC

Incident and Accident Report Form

Please fill in any applicable areas and provide as much information as possible. When completed, sign and submit the form within 24 hours to Alliance FC via alliancefcldn@gmail.com. As a general Rule, send in a form for any incident or accident even if you are not sure.

Reporting Person:

Role:

Player

Coach

Manager

Trainer

Parent

Spectator

Date/Time of Incident:

Day

Month

Year

Time:

Indicate the type of report you are filing (this report may be both):

Accident/injury

Incident

If reporting an accident/injury, go to Ontario Soccer for information on accident insurance:

<https://www.ontariosoccer.net/clubs-districts-insurance>

Location of Incident/Accident:

Program:

**League
Play:**

Type of Event that the Incident/Accident occurred:

Exhibition
Game

Practice

Game (no.):

Tournament (name):

Other (describe):

Activity at the time of Incident/Accident:

Were any of the following Contacted:

Ambulance

Fire Dept.

Police

Report Number:

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First Aid applied on scene?	Person(s) Applying First Aid:	First Aider's Contact Number:
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AFC Team(s) Involved:		Other Club Team(s) involved	
Players Involved:		Players Involved:	
Name:	Shirt Number:	Name:	Shirt Number:
Name:	Shirt Number:	Name:	Shirt Number:
Name:	Shirt Number:	Name:	Shirt Number:
Name:	Shirt Number:	Name:	Shirt Number:

Describe the incident/accident below (please use additional pages as necessary):



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Total number of Pages: _____

Declaration:

I, _____ the undersigned, hereby certify all the above facts are a true and accurate record of the incident.

Signed: _____

Date: _____

**Alliance FC Office
Use Only**

Date Received:

Name of Alliance FC Official Receiving Report:

Alliance FC

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Additional Report Pages: