

**Alaska Youth Soccer Association
Insurance Claim Form
MUST BE FILED WITHIN 2 WEEKS OF INCIDENT/ACCIDENT**

1. Date of Injury: _____ Location: _____
2. League Name: _____ Club: _____
3. Injured Party: _____
() Coach () Player () Other: _____
Date of Birth: _____ Phone: _____
Address: _____
City: _____ Zip: _____
4. Type of play involved: () League Game () Practice () Tournament
Name of Tournament: _____
Team Name: _____ Opponent Name: _____
Time of Event: _____ AM PM Time of Injury: _____
Describe Injury and Cause: _____

Name of Administrator on Site: _____
(i.e., Coach, Team Parent, etc.)
5. Does the injured party have Primary Insurance? () Yes () No
Name of Insurance Company: _____
Claim form to be sent to: _____
(i.e., Parent, Guardian, etc.)
Address: _____
City: _____ Zip: _____

Complete form immediately following injury and send to:

AYSA
P. O. Box 9447
Ketchikan, AK 99901