



**Alaska Youth Soccer Association
Insurance Claim Form**

MUST BE SUBMITTED WITHIN 2 WEEKS OF INCIDENT/ACCIDENT

Injured Party Name: _____ Injured Party Phone: _____

() Coach () Player () Other: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

Date of Injury: _____ Location/ Facility: _____

League Name: _____ Injured Party Club/ Team: _____

Type of Play Involved: () League Game () Practice () Tournament () Other _____

Name of Tournament/ Event: _____ City: _____

Time of Event: _____ AM PM Time of Injury: _____ AM PM

Team Name: _____ Opponent Name: _____

Describe Injury and Cause: _____

Name of Administrator on Site: _____ Phone: _____

(i.e., Coach, Team Parent, etc.)

Does the injured party have Primary Insurance? () Yes () No

Name of Insurance Company: _____

Parent/ Guardian _____

Parent/ Guardian Email: _____ Phone: _____

Parent/ Guardian Address: _____

City: _____ Zip: _____

Mail or Email to Alaska Youth Soccer:

200 W. 34th Ave # 21

Anchorage, AK 99503

alaskayouthsoccer@gmail.com