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

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