



NEW HAMPSHIRE SOCCER ASSOCIATION

Youth and Adult Divisions
1600 Candia Road, Suite 2, Manchester, N.H. 03109
603-626-9686 , 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 teams official roster. For more information on the "Injury Claims", process please contact the NHSA State Office at 603-626-9686