

GLSA Injury Report

Please submit to the GLSA office within 72 hours if one of your players gets injured and requires treatment by a doctor.

Was treatment at ER \_\_\_\_\_ Doctor visit \_\_\_\_\_

1. Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 3. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

4. Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

5. Type of Claimant: Player \_\_\_\_\_ Coach/Asst. Coach \_\_\_\_\_ Other \_\_\_\_\_

6. Accident Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

7. Did accident occur during Game \_\_\_\_\_ Practice \_\_\_\_\_ Tournament \_\_\_\_\_

8. Name of field where accident occurred: \_\_\_\_\_

9. Describe the injury and how it was sustained:

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Coach: \_\_\_\_\_ Team: \_\_\_\_\_

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