



# SALINE FC INCIDENT REPORT FORM

PO BOX 21 • SALINE, MI 48176 • Tel. (734) 780-2162 • [www.salinesoccer.org](http://www.salinesoccer.org)

**We Want to Know:** This form is for parents, players, referees and coaches to tell us if something went wrong. Please tell us so we can make our program safer and more fun.

Report Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Person Preparing Report: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Name and Division/League: \_\_\_\_\_

Please check box indicating type of incident:

<input type="checkbox"/> <b>Serious Personal Injury Requiring Professional Medical Care</b> (e.g. Sprained ankle, broken bone, cut requiring stitches, concussion, heat stroke, etc.)	<input type="checkbox"/> <b>Zero Tolerance Policy Violation</b> (Including but not limited to expulsion from a game and/or presentation of Red Card. Specify violation by Coach, Player or Parent/Spectator.) <b>Form to be completed by Referees and Coaches Only</b>	<input type="checkbox"/> <b>Alleged MSYSA Risk Management Violation</b> (including but not limited to physical or emotional abuse, negligence, mistreatment of a child or inappropriate behavior by an adult.)
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Please describe the details of the event. If you need more room, attach another sheet.

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Names of Persons Directly Involved:

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Please make a copy for your records and mail to the address above. A member of the Saline FC Risk Management Committee will follow up with you within 10 days. Please contact the Saline FC Vice President, at [VicePresident@salinesoccer.org](mailto:VicePresident@salinesoccer.org) if you have a concern that you feel requires urgent attention.