



**California State Soccer Association - South**  
**YOUTH INSURANCE CLAIM QUESTIONNAIRE**



\*Required field

Date of Injury\* \_\_\_\_\_ Field Name and/or Location\* \_\_\_\_\_

Team Name\* \_\_\_\_\_ Club Name\* \_\_\_\_\_

Competitive  Recreational  Signature  Camp/Clinic

District # \_\_\_\_\_ League # \_\_\_\_\_ Club # \_\_\_\_\_ Team # \_\_\_\_\_

Player

Name of Injured Party\* \_\_\_\_\_ Cal South ID#\* \_\_\_\_\_  Administrator

Street Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

Email Address\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Type of Play Involved:  League Game  Team Practice  Tournament  Camp/Clinic

Name of Tournament/Event\* \_\_\_\_\_ Tournament/Event Date\* \_\_\_\_\_

Opponent Name\* \_\_\_\_\_ Event Start Time \_\_\_\_\_ Time of Injury \_\_\_\_\_

Name of Club and/or Tournament Administrator on Site\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_

Does the injured party have primary insurance?  Yes  No

\_\_\_\_\_ If yes: Name of Insurance Company\*

Description of injury and cause:

Claim to be sent to (i.e. parent or guardian)\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_

Street Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

**President's Verification**

I verify that the aforementioned injury occurred at the Cal South sanctioned game or event referenced above.

Signature of Affiliate Member President \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Injury claims require the Social Security Number of the injured party.

**Please keep a copy for your records. Submit the original to Cal South by fax or e-mail: [jsotelo@calsouth.com](mailto:jsotelo@calsouth.com)**