

Suffolk County Soccer Officials Association

LIABILITY ALERT FORM

Date of game: _____ Place: _____

Name of injured player and number: _____

Name of schools playing contest: _____ vs. _____

Level of play: (JH) (JV) (V)

Weather Conditions: _____

Conditions of the field: _____

Name of Officials: _____

Please describe briefly what occurred: _____

Please return this form to your association secretary within a 24 hour period after the game in which a player was carried off the field of play via an ambulance.

Chapter: Suffolk County Section XI Date of report: _____

Signature: _____

Send to: David Doherty
297 North Country Road
Miller Place, NY 11764