

## **INJURY CASE REPORT INSTRUCTIONS**

- 1) Coaches please complete the Case Report form attached below.
- 2) Provide a copy of the attached CAN outline to the player's family so they understand the parameters of the Accidental Medical Policy.
- 3) Email the Case Report to Eileen Peebles, President of River City Youth Soccer at [peebles@winfirst.com](mailto:peebles@winfirst.com). As a league official she needs to sign off on the injury report. Please include AP Soccer club manager ([manager@apsoccer.org](mailto:manager@apsoccer.org)) in the email as well.



# California Youth Soccer Association, Inc.

## CASE REPORT



**CAL NORTH CASE REPORT MUST BE SUBMITTED INTO THE CAL NORTH STATE OFFICE WITHIN NINETY (90) DAYS FROM THE DATE OF INCIDENT**

| 1040 Serpentine Lane Suite 201 Pleasanton, CA 94566-4754 | 925.426.KIDS | Fax: 925.426.9473 |

This Cal North CASE REPORT **MUST** be completed by the Team Official and submitted to the Cal North State Office at the address above.

NAME OF INJURED PERSON: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

WHO WAS INJURED:  PLAYER  TEAM OFFICIAL  OTHER: \_\_\_\_\_

CAL NORTH I.D.#: \_\_\_\_\_ GENDER:  MALE  FEMALE

DISTRICT #: \_\_\_\_\_ LEAGUE #: \_\_\_\_\_ CLUB #: \_\_\_\_\_ TEAM #: \_\_\_\_\_

LEAGUE NAME: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

ADDRESS OF INJURED PERSON: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### CAL NORTH SANCTIONED EVENT WHERE INCIDENT TOOK PLACE:

ASSOCIATION CUP  FOUNDERS' CUP  LEAGUE GAME  ODP  PRACTICE  PRESIDENTS CUP  STATE CUP

TRYOUTS  CAL NORTH - CCSL  PLAYING LEAGUE: \_\_\_\_\_

TOURNAMENT/JAMBOREE: \_\_\_\_\_  OTHER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_  AM  PM

NAME OF FACILITY: \_\_\_\_\_ IN THE CITY OF: \_\_\_\_\_

DESCRIPTION OF INJURY: \_\_\_\_\_

DESCRIPTION OF THE INCIDENT (DETAILS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the injury occurred during a soccer related activity, do you have insurance coverage through any other soccer organization?  YES  NO If so, please name the organization: \_\_\_\_\_

I declare under **Penalty of Perjury** under the laws of the **State of California** that the injury reported on this form occurred during a **California Youth Soccer Association, Inc. (Cal North)** sanctioned event and that this declaration was executed at (City) \_\_\_\_\_, California, on (Date) \_\_\_\_\_.

PRINT NAME OF TEAM OFFICIAL: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**IF THIS FORM IS NOT COMPLETE IT WILL BE RETURNED TO THE TEAM OFFICIAL**

VERIFIED & APPROVED BY LEAGUE OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY DISTRICT COMMISSIONER OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY CAL NORTH STATE OFFICE: \_\_\_\_\_ DATE: \_\_\_\_\_

**YOUTH SOCCER  
GENERAL LIABILITY BENEFITS  
Explanation of Coverage**

Term of Insurance: January 1, 2015 to January 1, 2016

**Who is Covered?**

California Youth Soccer Association - North, its affiliated associations, leagues, clubs and all officers, directors, coaches, employees, teams, team officials, and volunteers while acting on behalf of California Youth Soccer Association - North at a covered activity.

**Limits of Liability**

General Liability Each Occurrence \$1,000,000  
General Liability Aggregate NONE (Unlimited)  
Products/Completed Operations Aggregate \$1,000,000  
Personal and Advertising Injury \$1,000,000  
Damage to Premises Rented to You Limit \$1,000,000  
Medical Expense (Spectators Only) \$5,000  
Sexual Abuse Each Occurrence \$1,000,000  
Sexual Abuse Aggregate \$2,000,000  
Participant Legal Liability other than Brain Injury Each Occurrence \$2,000,000  
Participant Legal Liability other than Brain Injury Aggregate Unlimited  
Participant Legal Liability Brain Injury Each Occurrence \$2,000,000  
Participant Legal Liability Brain Injury Aggregate \$5,000,000  
Non-Owned / Hired Auto Liability \$1,000,000  
Excess Liability \$1,000,000 subject to policy exclusions

**What is Covered?**

- Liability for bodily injury or property damage to spectators, game participants, and to members of the general public for activities sanctioned by California Youth Soccer Association - North.
- Liability for outdoor fields owned by affiliates for its sole use while acting on behalf as a member of the state association.
- Fundraising, meetings, awards banquets.
- Activities necessary or incidental to the conduct of practice, exhibition, post season and scheduled games.
- Liability for false arrest, detention or malicious prosecution, libel, slander, defamation of character, or wrongful eviction.
- Hired and non-owned auto, while being used in the business of the named insured. Excludes coverage for any driver transporting athletic participants.
- Products liability for food or drinks sold on premises.
- Medical Payments \$5,000 (non-participants).
- Host Liquor liability for banquets and meetings.

**Territory**

Worldwide for bodily injury, property damage, and personal and advertising injury while temporarily outside of the United States providing suit is made within the United States.

**Notable General Liability Exclusions**

- Standard commercial general liability exclusions apply.
- Property of others in the care, custody and control of the insured such as personal property of players, coaches, or parents.
- Liability to pay Worker's Compensation.
- Intentional acts.
- Amusement devices other than inflatables and dunk tanks.

**Additional Insured**

Certificates of insurance are furnished to each association identifying them as members of the state organization. Certificates of insurance will be issued upon request adding the name of a school district, university, private land owner, municipality, or sponsor. All other requests are subject to underwriting approval.

**ACCIDENT MEDICAL EXPENSE BENEFITS &  
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Explanation of Coverage**

Term of Insurance: September 1, 2015 to September 1, 2016

**Who is Covered?**

Insured persons include all registered team members, those players participating in approved try-outs, coaches, managers, referees, officials, and volunteers of the teams, leagues or of the association.

**Covered Activities**

Insured persons are covered for injuries (or death) resulting directly and independently of all other causes from accidents occurring while participating in the following covered activities:

- Scheduled games, team practice sessions or sponsored activities provided they are under the direct supervision of a team official; or sanctioned local or national tournaments as a member of a contestant team.
- Organized and supervised group travel as authorized by the Policyholder directly to and from a covered event.

**What Is Not Covered?**

The plan does not provide coverage for: • intentionally self-inflicted injury • air travel except as a fare-paying passenger on a regularly scheduled airline on a scheduled flight • injuries resulting from other than Covered Activities • loss resulting from sickness or disease, except bacterial infection which occurs through an accidental wound.

**Accident Medical Expense Benefits**

For reasonable necessary medical expenses, our Youth Soccer Medical Expense Insurance pays up to \$300,000 for injuries sustained in a Covered Accident. Dental injuries are treated like any other injury. Payment will not be made for any expenses incurred after 156 weeks of the accident date. An Expense is considered incurred on the date the Medical Care is rendered. A \$500 Deductible applies to each covered accident. Physical Therapy/Chiropractic benefit limit of \$50 per visit / \$2,000 maximum per injury.

**California Youth Soccer Association - North excess accident medical insurance policy is secondary insurance. Failure to follow the rules of your primary healthcare coverage will result in a benefit reduction of eligible expenses to 50% of the amount otherwise payable**

"Injury" means bodily injury of an Insured Person resulting directly and independently of all other causes from an accident which occurs while he or she is participating in a Covered Activity. Sickness or disease (except pus forming infections which occur through an accidental cut or wound) of any kind will not be considered as bodily injury.

Reasonable Expenses means usual and customary charges.

**Accidental Death and Dismemberment Benefits**

The plan pays:

- \$10,000 for loss of life or loss of two or more members, which results from injuries sustained in an accident which occurred while participating in a Covered Activity.
- \$5,000 for loss of one member (hand, foot or eye), which results from injuries sustained in an accident which occurred while participating in a Covered Activity.
- Such payment shall be in addition to any other indemnity payable to the date of loss, but only one amount, the larger amount applicable shall be payable for all such losses resulting from any one accident.
- "LOSS" shall mean, with respect to hands and feet, physical separation through or above the wrist or ankle joint; with respect to the eyes, entire and irrecoverable loss of sight.

**Excess Coverage**

Accident Medical Expense insurance is provided on an "excess" basis. This means that after the insured player or coach has been reimbursed for medical expenses by other insurance programs, and after the deductible has been satisfied, the Youth Soccer Accident Medical Expense plan will pay up to the maximum Medical Expense benefit for remaining treatment, service and supply expenses. These other programs include group, blanket or franchise health insurance coverage, group hospital or medical service plans, and prepayment coverage; any coverage under labor-management trustee plans, union welfare plans, employer organization plans, and coverage under any governmental programs, coverage required or provided by any statute, and automobile reparations insurance (no-fault) coverage.

**Claim Procedures**

For AD&D and Accident Medical Expense Claims, claim forms are available through your State Association, League or Club Offices. Detailed Accident Medical Expense claim instructions can be found on each claim form. In the event of injury requiring medical treatment, you should:

- Fully complete a claim form verified by a witness and submit it to your State Soccer Association for verification.
- Notice of claims must be filed within 90 days from the date of injury or as soon thereafter as is reasonably possible.

Youth Soccer Accident Medical coverage is provided on an "excess" basis. Therefore, charges must first be submitted to any other medical insurance carrier available to the participant.