This form is used to verify a player’s injury when a claim is submitted and is to be completed **by a coach, team manager/ captain (if adult) or other registered staff member who was present at the time of the incident**.

In addition to the claim form and verification form, a verbal verification may be completed by a US Club Soccer administrator before the claim is forwarded for review.

**Please complete, sign and submit this form to:**

* Email: insurancequestions@usclubsoccer.org
* Mail: Attn Insurance Claims Processing / US Club Soccer / 716 8th Ave N / Myrtle Beach, SC 29577
* Fax: (843) 626-9452

|  |
| --- |
| **GENERAL PLAYER & CLAIM INFORMATION:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Player information:** |

|  |  |
| --- | --- |
| Name:       | DOB:       |

 |
| **Club / team at time of injury:** |       |
| **Time and date of injury:** |

|  |  |
| --- | --- |
| Date:       | Time:       |

 |
| **Competition location:**  |

|  |  |
| --- | --- |
| Venue:       | City & State:       |

 |
| **Nature of injury:** |       |
| **Claimant/parent email address:** |       |

|  |
| --- |
| **CLUB OFFICIAL CERTIFICATION:** |

|  |  |
| --- | --- |
| **Accuracy of information listed above:** | [ ]  – I hereby verify that I was present at the time of injury, and to the best of my and the club’s knowledge, the above information is accurate. – or – [ ]  – The information above appears to be inaccurate in the following respects:       |
| **During which type of competition did the injury occur:** | [ ]  – League Game [ ]  – Tournament [ ]  – Training / Practice / Scrimmage[ ]  – Other / Detail       |
| **Name of competition/event:** |       |
| **Opponent:** |       |
| **Host member club/organization:** |       |
| **Competition sanctioning body:** |       |
| **Is the player dual-carded with another USSF org? (ex: state assc.)** | [ ]  – No [ ]  – Yes, with the following org:        |
| **If dual-carded, has claim also been submitted to this organization?** | [ ]  – No [ ]  – Yes, with the following org:       |
| **Which org’s passcards/roster was being used at time of injury?** |       |

I certify that the information on this Insurance Claim Verification Form is true and accurate to the best of my knowledge. I understand that anyone who knowingly falsifies this information is subject to suspension from US Club Soccer and the USSF.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Title / Position |
|  |  |  |
| Print Name |  | Date |
| ***-   -*** |  |  |
| Daytime Phone Number |  | Email Address |