

**INJURY CLAIMS  
WHILE PLAYING FOR  
OPRF STRIKERS SOCCER CLUB**

**Any injury sustained while playing club traveling soccer in a game, practice session or IYSA sanctioned tournament, by a currently registered Oak Park-River Forest Strikers Soccer Club player, should be communicated immediately to the club's administrator if the injury requires medical attention. Do not wait to reach the Club's administrator at the time of the injury. Go to the hospital emergency room or whatever is necessary to care for the soccer player. Contact the OPRF Strikers office as soon as possible.**

**The Executive Administrator may be reached at:**

**708-771-5269 (Club Office)**

**Email: [office@oprfstrikers.com](mailto:office@oprfstrikers.com)**

If the player requires medical attention such as a hospital or doctor's visit, xrays or other medically necessary tests, the parents/guardians of the player are advised to keep all receipts.

The Illinois Youth Soccer Association (IYSA)'s insurance policy has its own form to be submitted for any claim.

How this works:

- 1) The parent/guardian of the injured player contacts the Striker's office and is given insurance forms from the IYSA league which will establish/open a file for the incident.
- 2) The parent/guardian of the injured player completes paperwork to register a claim. Other adults (coach, team manager, referee) may be asked to complete a verification form.
- 3) After a player's primary medical insurance pays what it will on the claim, then the IYSA's secondary insurance could begin. The insurance deductible must be paid in full by the claimant prior to any claims processing to take place. In 2007, the deductible was \$500. Over time, it is expected that this amount will rise.

Sample questions below will need to be answered. This will assist in the completion of the injury file for the player.

**BASIC INJURY QUESTIONS:**

Date of injury \_\_\_\_\_ Time of injury: \_\_\_\_\_

Name of Player \_\_\_\_\_

Player's Address \_\_\_\_\_

Player's phone # \_\_\_\_\_ Referee Name \_\_\_\_\_

Team (i.e., GU10, etc.) \_\_\_\_\_ Coach/Trainer \_\_\_\_\_

Location where injury occurred: \_\_\_\_\_

Witnesses to injury \_\_\_\_\_

Phone numbers of witnesses \_\_\_\_\_

Description of events that led up to injury \_\_\_\_\_

\_\_\_\_\_

Description of injury \_\_\_\_\_

\_\_\_\_\_

What action was taken & by whom? \_\_\_\_\_

\_\_\_\_\_

How were parents notified & by whom (or were they present?) \_\_\_\_\_

\_\_\_\_\_

Outcome of injury \_\_\_\_\_

Insurance Claim filed? \_\_\_\_\_

**Form completed by:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_