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](mailto: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:** |  |

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

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| --- | --- |
| **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 |