



## **INCIDENT REPORT**

### **SCHERERVILLE SOCCER CLUB**

PO Box 255

Schererville, Indiana, 46375

(219) 864-3941

[kickers@schervillesoccer.org](mailto:kickers@schervillesoccer.org)

**Date of Incident:**

**Time:**

**Name of person making report:**

**Phone:**

**Coaches Names/colors:**

**Age Group:**

**Location of incident:**

**Please describe the incident in detail. If applicable, provide as many names as possible  
(use back of form or additional page if more room is needed):**

**List Witnesses (please include phone numbers):**

**This form should be received by SSC within seven days of the incident. Give to a  
Board Member, e-mail to Club, or Mail to Club.**