# **LIABILITY ALERT FORM**

**NYSACFO, INC.**

##  DATE OF GAME:       PLACE:

 **NAME OF INJURED PLAYER (if possible):**

 **NAME OF SCHOOLS PLAYING CONTEST: HOME:**

 **VISITOR:**

 **LEVEL OF PLAY: (check one) VARSITY** **[ ]  JV** **[ ]  FROSH** **[ ]  MODIFIED** **[ ]  YOUTH [ ]**

 **WEATHER CONDITIONS:**

 **CONDITION OF FIELD:**

 **NAMES OF OFFICIALS:**

 **Referee:**       **Umpire:**

 **Linesman:**       **Line Judge:**

 **Back Judge:**

 **PLEASE DESCRIBE BRIEFLY WHAT OCCURRED (if possible):**

 **PLEASE RETURN THIS FORM TO THE CHAPTER SECRETARY, WITHIN 72 HOURS AFTER A**

 **GAME IN WHICH IN THE OPINION OF THE OFFICIAL ON THE FIELD, THERE IS A SERIOUS**

 **INJURY, THAT THE REPORTS SHOULD BE FILED.**

 **CHAPTER:** **DATE OF REPORT:**