# **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:**      