



Injury Notification Form

This form serves as an injury notification form for the designated player below. Per Alliance Futbol Club policy, coaching fees will be waived if a player is unable to play for 6 weeks. The waiver of fees will begin with the month following the 6-week timeline.

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|---|--|
| Player Name: | |
| Date of Injury: | |
| Location Where Injury Occurred: | |
| Type of Injury: | |
| Has player seen a doctor: | |
| If so, Whom: | |
| Did injury occur during a soccer event? | |
| Doctor's Instructions: | |
| Estimated return to play: | |

Parent Signature: _____

Coach Signature: _____

For office use only:

Date form received in Alliance Office: _____

Fee waiver to begin: _____

Fee waiver completed: _____ by _____