



WESBURY YOUTH SOCCER CLUB, INC

CHANGING LIVES THRU SOCCER

Incident report Disciplinary Notice

Date: _____

Name of Child: _____

Age of Child: _____ Counselor/Coach: _____

Time of Incident: _____

Location of Incident: _____

Description of Incident: _____

Person Notified: Parent Guardian Emergency Contact Person Other

Name: _____ Date: _____ Relationship: _____

Name: _____ Date: _____ Relationship: _____

Describe Action Taken: (Follow Up)

Person Completing Form: _____ Position: _____

Meeting with Parents? YES NO

Meeting Date: _____

Parent's Signature: _____ Staff Signature: _____