

LIABILITY ALERT FORM

NYSACFO, INC

DATE OF GAME: _____ PLACE: _____

NAME OF INJURED PLAYER: _____

NAME OF SCHOOLS PLAYING CONTEST: _____

LEVEL OF PLAY: (JHS) (J.V.) (VARSITY)

WEATHER CONDITIONS: _____

CONDITION OF FIELD: _____

NAMES OF OFFICIALS: _____

PLEASE DESCRIBE BRIEFLY WHAT OCCURRED (IF POSSIBLE): _____

PLEASE RETURN THIS FORM TO THE EXECUTIVE SECRETARY, NYSACFO, INC., WITHIN 72 HOURS AFTER A GAME IN WHICH IN THE OPINION OF THE OFFICIAL ON THE FIELD, THERE IS A SERIOUS INJURY. MAIL TO: PAUL J. WEATHRUP, NYSACO, 3604 EAST GENESEE ST., SYRACUSE, NY 13214. OTHERWISE, PROVIDE COPY TO CHAPTER SECRETARY FOR FORWARDING.

CHAPTER: LIAFO DATE OF REPORT: _____