

Rio Rapids Soccer Club - Incident Report Form

The fundamental goal of the Rio Rapids Soccer Club is to provide a positive soccer experience for all members of the Club. The Club requires that all incidents of sexual/verbal/emotional/physical abuse, harassment, bullying, hazing, serious breaches of unsportsmanlike conduct, fighting, drug/alcohol/tobacco use, etc. by players, parents, coaches or spectators at Club activities be reported.

Individual reporting incident:				
Name:	_____	Cell #:	_____	
Team:	_____	email:	_____	
<input type="checkbox"/> Coach	<input type="checkbox"/> Parent	<input type="checkbox"/> Spectator	<input type="checkbox"/> Player	<input type="checkbox"/> Other _____

Incident Details/Description:				
Date:	_____	Time:	_____	Location: _____
<input type="checkbox"/> Training/Practice	<input type="checkbox"/> Scrimmage	<input type="checkbox"/> Game	<input type="checkbox"/> Other _____	
Details/Description: 				

Parties involved in incident:				
Name:	_____	Cell #:	_____	
Team:	_____	email:	_____	
<input type="checkbox"/> Coach	<input type="checkbox"/> Parent	<input type="checkbox"/> Spectator	<input type="checkbox"/> Player	<input type="checkbox"/> Other _____
Name:	_____	Cell #:	_____	
Team:	_____	email:	_____	
<input type="checkbox"/> Coach	<input type="checkbox"/> Parent	<input type="checkbox"/> Spectator	<input type="checkbox"/> Player	<input type="checkbox"/> Other _____
Name:	_____	Cell #:	_____	
Team:	_____	email:	_____	
<input type="checkbox"/> Coach	<input type="checkbox"/> Parent	<input type="checkbox"/> Spectator	<input type="checkbox"/> Player	<input type="checkbox"/> Other _____

Police Report:Incident Reported to Police? Yes No If yes:

Office Name: _____ Report #: _____

Officer Phone #: _____

Other pertinent information:**Witnesses:**

Name: _____ Cell #: _____

Team: _____ email: _____

 Coach Parent Spectator Player Other _____

Name: _____ Cell #: _____

Team: _____ email: _____

 Coach Parent Spectator Player Other _____

Name: _____ Cell #: _____

Team: _____ email: _____

 Coach Parent Spectator Player Other _____

Incidents that occur should be reported by completing and returning this form within 24 hours of the incident (or on the same day for abuse or other serious incidents) to each of the following - Board President, Executive Director, Director of Coaching and the appropriate Age Group Director:

- 1) Rio Rapids SC Board President – Greg Woodhouse, woody.woodhouse@riorapids.org
- 2) Rio Rapids SC Executive Director – Jason Moran, jason.moran@riorapids.org
- 3) Rio Rapids SC Director of Coaching – Chris Hurst, chris.hurst@riorapids.org
- 4) Age Group Directors:
 - Youth Academy / U5-U8 – Aidan Yeomans, aidan.yeomans@riorapids.org
 - U9-U10 - Aidan Yeomans, aidan.yeomans@riorapids.org
 - U11-U15G – Marie Ipock, marie.ipock@riorapids.org
 - U11-U14B – Jaxn Rogers, jaxn.rogers@riorapids.org
 - U16-U19G & GA- Chris Brennan, chris.brennan@riorapids.org
 - U15-U19B & ECNL- Chris Hurst, chris.hurst@riorapids.org