

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
Office Name: _____	Report #: _____
Officer Phone #: _____	

Other pertinent information:

Witnesses:	
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 _____	

Incidents that occur should be reported by completing and returning this form within 48 hours of the incident (or on the same day for 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 - James Salzar, james.salazar@riorapids.org
 - U9-U11G- Kiva Gresham, kiva.gresham@riorapids.org
 - U9-U12B- Sibby Browne, sebhat.browne@riorapids.org
 - U12-U14G – Mike Erwin, mike.erwin@riorapids.org
 - U13-U15B – David Sullivan, Jr., david.sullivan@riorapids.org
 - U15-U19G- Chris Brennan, chris.brennan@riorapids.org
 - U16-U19B- Simon Rothman, simon.rothman@riorapids.org