

INJURY VERIFICATION FORM

This form **must be completed and signed** by an authorized agent of an affiliated NTSSA Member Association/League/Indoor facility.

Player's Name: _____

Player's Birthdate: _____ Date of Injury: _____

Injury occurred during sanctioned: Outdoor Play

Indoor Play

Member Association/League/Facility _____

The above player was not under suspension in North Texas Soccer when the injury occurred.

I/We have verified that the information on the attached claim form is true and correct and the injury occurred during sanctioned NTSSA play.

I/We also understand that any person who, knowingly and with intent to defraud, files a statement of claim containing false information or conceals information concerning any fact, commits a fraudulent insurance act, which is a crime punishable by law.

(Signature) Authorized agent of NTSSA Member Association/League/Facility _____ Date _____

(Please Print) Authorized agent of NTSSA Member Association/League/Facility _____ Date _____

Title _____