

Liability Alert Form

NYSACFO, Inc.

Date of Game: _____ Location: _____

Name of injured player (and/or number): _____

Home Team: _____ Visitor: _____

Level of Play: _____

Weather conditions: _____

Condition of field: _____

Names of officials: Referee: _____

Umpire: _____

Head Linesman: _____

Line Judge: _____

Brief description of what occurred:

Reporting official (Game Referee): _____
(Print please)

Signature of reporting official

Please return this form to the Secretary-Treasurer within 72 hours after a game in which, in the opinion of the officials on the field, there is a serious injury, which requires reporting.

Capital District Football Officials Association
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Troy NY 12180-9657