



AAU Non-member Notice of Incident



1. Complete a Non-member Notice of Incident Form, and mail it to AAU as soon as possible. Keep one copy for your records.
2. Information will be reviewed and parties will be contacted where appropriate.

If you need additional space for the details about the incident, please attach a separate paper. If there is more than one witness please attach a separate paper with this information.

Notes:

- Provide as much information as possible about the event where the incident occurred.
- Signature of injured party or legal guardian is required.
- Signature of Coach, Club Representative, or Witness is required.
- The AAU cannot authorize direct payment for any medical procedure.
- Filing an incident form does not automatically constitute an obligation for payment.

Submit Non-member Injury/Claim Form to via mail, fax, or email:

AAU
P.O. Box 22409
Lake Buena Vista, FL 32830

Tel # 407-934-7200
Fax# 407-828-0166
Email: Notice@AAUsports.org

Please print or type.
SEND COMPLETED FORM:



Non Member Notice of Incident Form

AAU
P.O. Box 22409
Lake Buena Vista, FL 32830
407-934-7200
407-828-0166 fax
Notice@AAUSports.org

IMPORTANT NOTICE:

This form is used when injury occurs to person that is NOT a member of the AAU.

PART 1: NON MEMBER INFORMATION

(1) Amateur Athletic Union of the United States		(2) Policy Number SI8ML00176-141	
(3) Person filing Report - Last Name, First Name		(4) Social Security Number	(5) <input type="checkbox"/> Spectator <input type="checkbox"/> Other List _____
(6) Mailing Address where Insurance Info/Requests should be mailed		(7) City, State, Zip	
(8) Birthdate	(9) Male <input type="checkbox"/> Female <input type="checkbox"/>	(10) Phone #	(11) Other #
(12) Email		(13) AAU Club Name & Number	
(14) If claimant is an adult, name and address of Employer:			

PART 2: INJURY DETAILS

(1) Date & Time of Injury	(2) Address where occurred?	(3) Sport
(4) Description of injury and how it occurred?		(5) Part of body injured (incl Left or Right)
(6) Date of first medical treatment	(7) Action Taken: <input type="checkbox"/> Released to Parent <input type="checkbox"/> Ambulance Transport <input type="checkbox"/> Refused Care <input type="checkbox"/> Referred to Hospital/Clinic <input type="checkbox"/> Own Accord (Adult)	
(8) Was injury during AAU licnesed/sanctioned activity/event? Yes <input type="checkbox"/> No <input type="checkbox"/>	(9) Name of Event	(10) License/Sanction #
(11) Was injury at Supervised Practice? Yes <input type="checkbox"/> No <input type="checkbox"/>	(12) Was injury at Competition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(13) Was there witness to the injured person? Yes <input type="checkbox"/> No <input type="checkbox"/>	(14) Name of witness	(15) Witness Tel #
(16) Address of witness		
(17) Print Name of Coach/Club Representative/ or Witness	(18) Signature of Coach/Club Representative/Witness	(19) Phone #

PART 3: PARENT OR GUARDIAN STATEMENT (Must be completed if claimant is a minor)

(1) Father/Guardian Name Telephone	(4) Mother/Guardian Name Telephone
(2) Home Address (Street, City, State, Zip)	(5) Home Address (Street, City, State, Zip)
(3) Email address	(6) Email address

PART 4: Additional incident details

Additional incident details

PART 5: AUTHORIZATION

I swear that the above information is true and correct to the best of my knowledge and understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information thereto with the intent to defraud an insurance company.

X

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

_____ Date