

New York State  
**SOFTBALL OFFICIALS**  
Organization, Inc.



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**LIABILITY ALERT FORM**

Umpire Reporting: \_\_\_\_\_ Chapter: \_\_\_\_\_

Name of Partner: \_\_\_\_\_ Date of Game: \_\_\_\_\_

Site: \_\_\_\_\_ Teams: \_\_\_\_\_ vs. \_\_\_\_\_

Level of Play (circle one): MODIFIED JUNIOR VARSITY VARSITY SUMMER LEAGUE

Weather Conditions: \_\_\_\_\_

Condition of Field: \_\_\_\_\_

Name or number of Injured Player: \_\_\_\_\_ Team: \_\_\_\_\_

Describe what occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this form to the VICE-PRESIDENT of NYSSO (address above) within 72 hours of the game in which a player was carried off the field and/or left by an ambulance. **Also, keep a copy for your records and give a copy to the designated person on your board's for the boards records.**

Section: \_\_\_\_\_ Chapter: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Below to be filled out by state V.P.

Date Received: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Affiliated with N.Y.S.P.H.S.A.A., Inc.