

# Liability Alert Form

**Date of Game:**

**Game Site:**

**Name of Injured Player (Number if Possible):**

**Name of Schools Playing the Contest:**

**Level of Play:**      **Modified**      **Freshman**      **Junior Varsity**      **Varsity**

**Weather Conditions:**

**Condition of Field:**

**Names of Officials:** Referee      -

Umpire      -

Linesmen      -

Line Judge      -

Back Judge      -

**Description of what occurred:**

Please return this form to the *Executive Secretary, New York State Association of Certified Football Officials, Inc.* within 72 hours after the game in which, in the opinion of the Official on the field, there was a serious injury, this report should be filed.

**Chapter:**      *Syracuse*

**Date of Report:**