South Texas Youth Soccer Association

15209 Hwy. 290 E
Manor, TX 78653
Phone (512) 272-4553
Fax (512) 272-5167
www.stxsoccer.org/forms_and_documents

Dear STYSA Registered Member, Parent or Guardian,

This letter outlines the procedures for filing a medical claim for a soccer injury. If you have any questions in regards to filling out this form please contact the STYSA office at the number above.

If you are submitting a claim for an injury that happened prior to September 1, 2016, please contact the STYSA office for the correct claim form.

1. Pullen Insurance Company form must be completed the within **90** days of the injury.
2. Attach any itemized bills.
3. This cover letter must be signed by the claimant's **Home Association Insurance Commissioner**.
   If this cover letter is not signed by the home association Insurance Commissioner, the entire claim will be sent back to the parent.
   A listing of current Association Insurance Commissioners are listed on the STYSA website at www.stxsoccer.org
4. Mail this instruction letter along with the completed claim form to the STYSA office.
   If you have **not** submitted this claim form **DO NOT** mail any forms directly to the insurance company.

Association Insurance Commissioner Verification		
Association Name:		
Club Name:		
Players Name:	**DOB:**	**Player ID #**
Signature of Association Insurance Commissioner:		**Date:**