



**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            J.V.            VARSITY

Weather conditions \_\_\_\_\_

Field condition \_\_\_\_\_

Name of injured player and/or number/team \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit this form to the Vice President of NYSSO (address at the top of form) within 72 hours of a game in which a player was carried from the field of play and/or left the game site via ambulance. ***It is highly recommended*** that you forward a copy to your local chapter **AND** keep a copy for your own records.

Section: \_\_\_\_\_ Chapter \_\_\_\_\_ Date of report \_\_\_\_\_

THIS SECTION TO BE FILLED OUT BY THE STATE V.P.

DATE RECEIVED: \_\_\_\_\_ DATE FILED: \_\_\_\_\_