

Incident Report

Name of Injured: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____

Telephone: _____

Local Program/Club Name: _____ **Address:** _____

Contact & Phone # _____

Date of Incident: _____

Location: _____

Game, Practice, Other: _____

Age Category: _____

Team: _____

Coach and Phone #: _____

Description of Incident: _____

Description of Injuries or Property Damage: _____

Medical Information: (Injury, Ambulance, Hospital and Doctor, On site Trainer or EMT) _____

Report Filed By: _____

Phone #: _____

Date of report: _____

Send or fax report to Your District Risk Manager or Associate Risk Manager, ASAP.