



Appendix G – Accident / Injury Report

A copy of this form MUST be provided to your divisional Player Representative or the League Risk Manager

Injured Person	Name: _____ Age: _____ Sex: _____	
	Address: _____ Phone: _____	
	Name of Parent/Guardian (if minor): _____	
	Was parent/guardian notified?: Yes [] No [] Time of call or attempted call: _____	
Exact Location	Name of Field: _____	Draw map on reverse side (if needed)
	Where on Field: _____	
Description of Accident	Describe how accident occurred. Include any unsafe conditions, use of tools or other similar items and any statements made by injured party (use the back of this form if more room is needed): _____	

Possible Injury & Injury Location	Right [] Left []	
	Thigh _____ Calf _____ Knee _____ Ankle _____ Foot _____ Hand _____ Wrist _____	
	Forearm _____ Upper Arm _____ Shoulder _____ Head _____ Back _____	
Other (indicate): _____		
Treatment (rescue)	Describe treatment and injured person's status: _____	
	Treated by: _____	
	911 called?: Yes [] No [] By Whom?: _____ Time of Call: _____	
Destination or Transport	Home: _____ Hospital: _____ Returned to Activities: _____ Other (state): _____	
	Departure Via: Ambulance [] Other Vehicle []	
	Time: _____ By Whom: _____	
Conditions	Provide weather conditions or other factors which would help explain the environment in which the accident happened: _____	

Manager/Coach	Name: _____	
Pictures Taken	Yes [] No [] By Whom? _____ Date/Time: _____	

Person Preparing Report (please print): _____ Signature: _____

Date of Report: _____ Reviewed by: _____ Date: _____

In case of serious injury, call 911 and notify League Risk Manager or division Player Representative. This report is to be submitted to the League Risk Manager or division Player Representative as soon as possible. Use the back of this form if additional space is needed. If the injury requires professional treatment or if 911 is called, please complete and attached a League Insurance Form to this Accident Report. Complete all section of this report. Enter N/A for any sections that do not apply to this accident. If you cannot contact the Risk Manager, please submit all forms and information to a League Board member.

REMEMBER: PROVIDE ONLY TREATMENT YOU ARE QUALIFIED TO PROVIDED!

Appendix G. Spring 2006 (Rev 12/2021)