



Injury Incident Report

Use this form to report incidents involving players, spectators and/or umpires when an injury occurs.

Section 1. Date Information:

Date and approximate time of Incident: _____ Report Date: _____

Completed by: _____ Date Submitted: _____

Section 2. Player/Team Information: (Check here if this did not involve a player)

Player Name, age: _____

Parent(s) Name: _____

Player's Address: _____

Player's Phone: _____

Team & Division: _____

Coach: _____

Was incident the result of a collision involving more than 1 player? Yes No

If so, list name(s) of other player(s) involved (complete a separate incident for each player involved):

ANSWER THE BELOW FOR ALL PERSONS INVOLVED

Did PRCS complete an incident report? Yes No Not applicable (not on county site)

Was a police report filed? Yes No

Was an ambulance called? Yes No

If YES, was the person transported by ambulance? Yes No

If the person was not transported by ambulance, who refused? Person Parent Both

Was medical assistance refused? Yes No

If refused, was it refused by the player, the player's parent, or both? _____

Did the incident involve spectator(s)? Yes No

(If YES, complete Section 4 of this form)

How did the person leave the field/area? Own transportation Other: _____



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Section 4. Complete when a spectator is involved.

Name of Spectator involved:	
Address:	
Phone Number:	

Is the spectator a minor? Yes No

If YES, provide contact information for the minor's parent(s) or guardian(s):

Name(s):
Address:
Phone:

PERSON COMPLETING FORM:

Be sure to provide as much information as possible. Use additional sheets, if necessary.

Injured players may be informed that the league does carry insurance, but it is **secondary** to any insurance they have.

Send the file to the league president within 2 days of incident.