

**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.**