

Accident Report

Name: _____ Sex: Male Female Age: _____

Check one: Player Employee Visitor Volunteer

If minor, name of parent/guardian: _____

Home Address: _____ Home Phone: _____

Date of Accident: _____

Location of Accident: _____

Description: (How did the accident happen? Describe in detail)

Describe Injury: _____

First Aid Administered: _____

Where taken: _____

Remarks:

Person Reporting: _____

Date of Report: _____