

PART A -This PART MUST be completed, dated and signed by an official or the Organization.

1.Name of Organization and Policy Number			
2.Address of Organization (Street)		(City)	(State) (Zip)
3.Name of injured Person		(First)	(Middle) (Last)
4.Date of Accident/Injury Mo Day Year / /	5. Injury Occurred: Practice D Travel D Game o Other _____		6. Type of Sport or Activity:
7.Explain WHERE and HOW the accident and injury occurred. NOTE: If your organization uses an Accident Report, attach a copy of			
8. At the time of the accident, was the Injured Person involved in an activity under the jurisdiction of the Organization (Policyholder)? Yes D No o		9.Name of Supervisor of Activity and contact info.	10. Was he/she a witness (circle) Yes - No
11. Signature of Organization Official X _____	12.Title of Official	13.Area Code/Telephone No. ()	14.Date Signed

PLEASE COMPLETE THE ABOVE HIGHLIGHTED AREAS TO THE BEST OF YOUR KNOWLEDGE
AND RETURN THE FORM TO
WENDY SERBA, VICE PRESIDENT
P.O. BOX 152, OLEY, PA 19547
OR WTREADING@AOL.COM
OR MAIL BIN LOCATED ON 2ND FLOOR OF YOUTH LEAGUE