

SALISBURY YOUTH ASSOCIATION INCIDENT REPORT

Instructions: This Report must be completed by the injured players head coach as soon as possible after the injury occurred. It must be filled out completely and turned into the director of of the sport to insure the incident can be properly reported to the board of directors. This report must be completed regardless how minor or serious the incident may be. No injury is too minor to be reported.

Injured Player's Name: _____	Soc. Sec. No.: _____
Address: _____	Date of Birth: _____
Phone Number: _____	Sport: _____
	Age: _____ Sex: _____

Date of Incident: _____ Time of Incident: _____ AM PM

Location of Incident: _____
 Address: _____

1- What was the child performing at the time of the incident?

2- How did the injury occur? Be Specific. _____

3- Body part/s injured? _____

4- Type of Injury? Be specific. (example: cut, scrape, broken.) _____

5- Witness: Name: _____	Phone Number: _____
Address: _____	
Witness: Name: _____	Phone Number: _____
Address: _____	

8- Was the parent or guardian notified ? Yes No

Parent Name(s): _____ Date: _____ Time:! _____

12- Report completed by: _____ Date: _____

