

GLASTONBURY BASKETBALL ASSOCIATION

ACCIDENT/INJURY REPORT FORM

This Accident/Injury Report Form is to be provided to every coach of every sport at the beginning of each season. In the event of any injury to any player, coach, referee, spectator or other individual during a practice or game, this form shall be completed by the coach on the day of the injury or as soon as possible thereafter. The coach shall provide the completed form to their Commissioner / Program Director who shall review and sign the form and then provide the document to the GBA President and if directed, to the GBA Insurance representative(s). The completion and submission of this form should be accomplished no later than within 24 hours of the accident/injury.

Date of incident: _____ Time of incident: _____

Site/Facility of incident: _____

Name of injured person: _____

Role of injured person (circle one): Athlete Coach Official Spectator Volunteer

Date of birth: _____ Phone #: _____

Address: _____

Guardian/Parent (If injured person is a minor): Name: _____

Address: _____ Cell#: _____

Was the parent/guardian contacted about the incident? [] Yes [] No Time _____

Did the incident take place during (circle one): Practice Game Other

Name of team: _____ Name of Coach: _____

Name of official: _____ Telephone #: _____

Name of witness: _____ Telephone #: _____

Name of witness: _____ Telephone #: _____

Describe the incident and how it occurred: _____

Describe the type of injury and the part of the body injured: _____

Describe the treatment or other actions taken: _____

Name of person giving treatment: _____

Were emergency medical services contacted? [] Yes [] No

Was the injured person transported to a medical facility? [] Yes [] No

Signature of GBA Coach / Official _____ Date: _____

Please return this form to your GBA League Commissioner / League Director _____

League Director Signature