

ESONDIDO GIRLS SOFTBALL LEAGUE

INCIDENT AND INJURY REPORT

NAME OF PERSON COMPLETING THIS REPORT

PERSON COMPLETING THIS REPORT CONTACT #

DATE OF INJURY TIME LOCATION

INJURED PERSON/PLAYER

DIVISION TEAM

EVENT OR ACTIVITY

COACH NAME

DESCRIBE THE INJURY

WAS THERE A WITNESS YES NO IF (YES) PROVIDE NAMES AND CONTACT INFORMATION

1. #

2. #

WHO RESPONDED TO INCIDENT

ADDITIONAL COMMENTS

TURN ALL COPIES OF THE FORM INTO THE PLAYER AGENT OR SAFETY COMMITTEE MEMBER WITHIN 24 HOURS OF INCIDENT.

BOARD USE ONLY	
PLAYER AGENT NAME: _____	DATE RECEIVED: _____
SAFETY COMMITTEE NOTIFIED: _____	PARENT OR GUARDIAN NOTIFIED _____
MEDICAL RELEASE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO FURTHER ACTION NECESSARY _____	
INSURANCE CLAIM REQUESTED AND DELIVERED _____	

Completed original to EGSL Secretary Pink copy to EGSL Finance Director Yellow copy to Parent/Guardian