### Personal Information

Name of Club/Organization:

### Staff Information

<table>
<thead>
<tr>
<th>Person Completing this Report</th>
<th>Title/Relation to Individuals</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Phone #:</th>
<th>E-mail Address:</th>
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Did any injuries occur?  □ Yes  □ No

### IF YES, COMPLETE THE REST OF FORM BELOW

(FILL OUT A SEPARATE FORM FOR EACH INJURED PERSON)

### Injury Information

<table>
<thead>
<tr>
<th>Date of Occurrence</th>
<th>Time of Occurrence: AM/PM</th>
<th>Location:</th>
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<tr>
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<table>
<thead>
<tr>
<th>Name of Individual Involved</th>
<th>Phone #:</th>
<th>E-mail Address:</th>
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<tbody>
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Description of Injury (attach additional pages if needed)

Type of injury: ___________________________________________

Was this a concussion?:  ____Yes  ___No

Area of Injury (check all that apply):

- □ Head
- □ Abdomen
- □ Leg (Right/Left)
- □ Face
- □ Back
- □ Knee (Right/Left)
- □ Nose
- □ Ear (Right/Left)
- □ Ankle (Right/Left)
- □ Mouth
- □ Eye (Right/Left)
- □ Toe (Right/Left)
- □ Neck
- □ Wrist (Right/Left)
- □ Shoulder (Right/Left)
- □ Chest
- □ Finger (Right/Left)
- □ Groin (Right/Left)

Other (be specific): ______________________________________
Describe How Injury Happened (be specific): ________________________________________________

__________________________________________________________

Did the victim refuse attention: ____Yes ____No
Reason:_____________________________________________________

__________________________________________________________

**Action Taken** (attach additional pages if needed)

Describe First Aid Taken:______________________________________________

__________________________________________________________

Was Police called? __Yes __No Time called:____________
Name of Officer:______________________________________________ Time Arrived:____________
If yes describe action taken by Police: ________________________________________________

Was injured transported to hospital ____Yes ____No
By ambulance or personal vehicle? ____Ambulance ____ Personal Vehicle
Was Ambulance Called? __ Yes __No Time called:____________
Time Arrived:____________
Where is the injured being transported to? _____________________________________________