



Incident/Injury Report Form

SECTION 1: BASIC INFORMATION

- Date of Report: _____
- Name of Person Completing Report: _____
- Role: Parent Coach Staff Player Other: _____
- Phone Number: _____
- Email Address: _____

SECTION 2: INCIDENT DETAILS

- Date of Incident: _____
- Time of Incident: _____
- Location (e.g., Southward Park – Field 3): _____
- Type of Activity: Game Practice Camp Other: _____

SECTION 3: PERSON INVOLVED

- Full Name: _____
- Age: _____
- Gender: Male Female Other
- Team Name (if applicable): _____
- Coach Name: _____



SECTION 4: INCIDENT DESCRIPTION

Describe the incident or injury in detail, including what happened, how it happened, and any equipment or surfaces involved.

SECTION 5: RESPONSE AND ACTIONS TAKEN

- **First Aid Provided?** Yes No

If yes, describe what was administered:

- **Was 911 Called?** Yes No

- **Was the player able to continue?** Yes No

- **Was a guardian/parent notified?** Yes No – If yes, by whom:

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SECTION 6: FOLLOW-UP

- Was the player sent home? Yes No
- Was the player advised to seek medical attention? Yes No
- Any further actions required by the club?

SECTION 7: WITNESS INFORMATION (IF ANY)

- Name: _____
- Contact Info: _____
- Statement (brief): _____

SECTION 8: SIGNATURE

- Signature of Reporter: _____
- Date: _____
- Reviewed by Club Official (Name & Signature): _____
- Date: _____