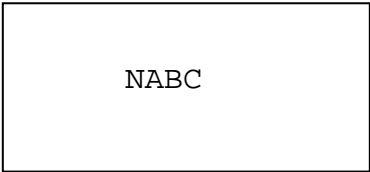




Accident Report



PLEASE PRINT

Player Name: _____ M/F _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent/Emergency Contact: _____ Phone: _____

Coach's Name: _____ Phone: _____

YSF Sport: _____ Team Name: _____

Location: _____ Date of Accident: _____

Give a brief description of the accident:

Was first aid treatment administered? _____ If yes, by whom? _____

Describe the care given: _____

Was family member or emergency contact called? _____

Reporter's Signature: _____ Date: _____

Participant's Signature: _____

To be signed by a parent/guardian if a minor.

Below needs to be returned to the coach before the next game or practice

~~My child, _____, does/does NOT have my permission to return to play/practice.~~

Signed: _____
Parent/guardian signature

Date: _____

*If doctor's care was provided due to said injury, a signed medical release is required by the Youth Sports Foundation before the youth may return to play.