

# MAISL

Madison Area Independent Sports League

## MAISL INCIDENT REPORT

Date of Incident \_\_\_\_\_

Location \_\_\_\_\_ (gym/field etc)

League 5th 6th 7th 8th Girls Boys (circle appropriate league/gender)

Teams \_\_\_\_\_

Officials \_\_\_\_\_

Telephone/email info of officials \_\_\_\_\_

Host School Contact \_\_\_\_\_

Type of Incident (circle one)

Player Injury      Player Behavior      Coach Behavior      Fan Behavior

Other \_\_\_\_\_

**Describe Incident**

(Get names and telephone numbers if possible - We will have player info on Rosters - If parents ask coach for names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit via email info to maisl@hotmail.com or call Michael Schultz ASAP after incident (575-1215 on game days or 274-2557 evenings)

***This form to be used only by: Principals, MAISL Reps, MAISL Officials and Coaches***