

Catastrophic Injury/Spectator Injury Incident Report

Use this form only to report potential catastrophic injuries or spectator injuries.

This is not a claim form and does not trigger an insurance claim.

This form is for reporting purposes only.

Name of Injured: _____ Date of Birth: _____

Name of Parent (if a minor): _____

Address: _____ City: _____ State: _____

Telephone: _____

Local Program/Club Name: _____

Address: _____

Contact(s) & Phone #(s) _____

Date of Incident: _____ Location: _____

Game, Practice, Other: _____ Age Category: _____

Team: _____

Coach and Phone #: _____

Description of Incident: _____

Description of Injuries or Property Damage: _____

Medical Information: (Injury, Ambulance, Hospital and Doctor, On site Trainer or EMT) _____

Report Filed By: _____ Phone #: _____

Date of report: _____

Send or fax report to Your District Risk Manager or Associate Risk Manager as soon as possible.