

**BURNSVILLE ATHLETIC CLUB
ON-SITE INCIDENT REPORT**

Name: _____ **Date of Injury:** _____
(injured player)

Address: _____ **Telephone #:** _____

Nature and extent of Injury: _____

Describe the first aid given, including name(s) of attendee(s): _____

Disposition: to Hospital___ to Home___ to Physician___ Other_____

Was protective clothing worn? Yes_____ No_____

Explanation: _____

Condition of playing surface: _____

Names and addresses of witnesses:

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

Other Comments: _____

Signed Date Title/Position

**Forward to: Marcia Svenby
BAC
100 Civic Center Parkway
Burnsville, MN 55337**