

COOPER CITY OPTIMIST CLUB
SPORTS ACCIDENT REPORT



Fill in **ALL** information:

1. Name of injured player: _____
2. Sex: Male Female
3. School grade: _____
4. Address of injured player: _____

5. Name of injured player's team: _____
6. Age range of team's players: _____
7. Sport: _____
8. Date of accident: _____
9. Time of accident: _____ AM PM
10. What injuries were received?: _____

11. Location of accident: _____
12. How did injury occur? (Be specific): _____

13. Injured players phone number: () _____
14. Check the following: The injury took place during:
 A team supervised practice A team supervised game
 Other (Explain): _____
15. Name of injured players coach: _____
Phone () _____
16. Name of person filling out this report: _____
Phone () _____

Please see that this completed ACCIDENT REPORT is turned in to the Optimist Clubhouse.

OR: Mail To Cooper City Optimists
10500 Stirling Road
Cooper City, FL 33026