

MYBSA Incident Form

***To be filled out when incident results in Professional Medical care**

Incident Date: _____ Incident Time: _____ AM PM Field Name/Location: _____

Injured Person's Name: _____ Gender: Male Female

Address: _____ DOB: _____

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Cell Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in: (circle one)

A.) Baseball Softball T-Ball

B.) Pinto Mustang Bronco Pony Colt Rookie Minor Junior Senior Major

C.) Evaluation Practice Game Other (Describe): _____

Position/Role of person(s) involved in incident:

D.) Player Umpire Coach Spectator Volunteer Other: _____

Type of injury:

Was first aid required? Yes No

If yes, what: _____

Was professional medical treatment required? Yes No

If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Location of incident:

A) Primary Playing Field/Dugout B) Adjacent to Playing Field C) Concession / Walking Area

D.) Parking Area E) Other _____

Please provide additional explanation/detail of incident.

Could this accident have been avoided? How: _____

This form is for MYBSA purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. All personal injuries should be reported to MYBSA as soon as possible to Park officials.

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____