



MEMBER Catastrophic Injury/SPECTATOR Injury Incident Report

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

THIS IS NOT A CLAIM FORM
IT DOES NOT TRIGGER AN INSURANCE CLAIM

This form is for reporting purposes only

Name of Injured: _____ Date of Birth: _____

Name of Parent(s) (if a minor): _____

Address: _____ City: _____ State: _____

Home Telephone: _____ Cell Telephone: _____ Work: _____

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) _____

Witness Name: _____ Relationship: _____

Contact Info: _____

Report Filed By: _____ Phone #(s): _____

Date of report: _____ E-mail Address: _____

If more space is needed please add pages as needed.

Send, e-mail or fax report to your District Risk Manager or Associate Risk Manager, as soon as possible.