

Greater Canton Youth Baseball and Softball Association INCIDENT REPORT FORM

Note: Use this form to report any injury, property damage or any incident which has the potential to cause injury or damage.

If there is a serious injury, call 911 immediately.

Location: (be very specific)	Time of incident:
Date of incident:	Name of Team/League:
Outside Temperature:	General Weather Conditions: (cloudy, rainy, hot, humid, etc.)

PERSONAL INJURY (check as appropriate)		Guest <input type="checkbox"/>	Employee <input type="checkbox"/>
Name			
Street Address			
City	State	Zip	
Phone Number	Birth date	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name of Parent Contacted (if under 18)		Time Parent was Contacted	
Nature of injury			

INCIDENT (check as appropriate)	Property Damage <input type="checkbox"/>	Other <input type="checkbox"/>
Nature of incident: (accident with vehicle, fight, drinking, etc.)		

Describe in detail how the injury/incident occurred: (attach any supporting detail)

Please see reverse side for additional information required to complete this report.

