



ACCIDENT/ INJURY REPORT FORM

Note: Use this form to report any accident, injury or property damage

Location (Be specific, location, field number)	
Date of incident:	Time of incident:

PERSONAL INJURY (check as appropriate) player <input type="checkbox"/> coach <input type="checkbox"/> other <input type="checkbox"/>	
Last Name:	First Name:
Street Address:	
City:	
Phone Number:	Birthdate: Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Parent contacted (if under 18)	
Nature of injury:	

INCIDENT (check as appropriate) property damage <input type="checkbox"/> other <input type="checkbox"/>
Nature of incident:

Describe in detail how the injury/incident occurred: _____

Medical Assistance Provided (indicate if refused): _____

Witnesses		
Name	Address	Phone Number

Report Completed by: _____

Coaches Signature: _____

Note: Report must be completed and submitted into the Innisfil Soccer Club within 30 days of the injury/incident.