

Lafayette Amateur Athletics, Inc Accident Report

Incident Date _____ Incident Time _____

Location/Field Name _____

Injured person _____

Injured person address _____

Injured person telephone _____ Injured person DOB _____

Parent/Guardian _____
(if applicable)

Parent/Guardian address/telephone _____

Parent/Guardian notified _____ Date/Time _____

Incident Occurred while participating in:

___ Baseball ___ Softball ___ Soccer ___ Basketball

Incident Occurred while engaged in:

___ Tryout ___ Practice ___ Game ___ Tournament ___ Travel to/from ___ Other

Position/Role of person involved in incident:

___ Batter ___ Baserunner ___ Pitcher ___ Catcher ___ Infielder ___ Outfielder

___ Soccer Player ___ Basketball Player ___ Player on bench/dugout ___ Umpire/ Referee

___ Coach/Manager ___ Volunteer ___ Spectator ___ Other/specify _____

Please give a short description of the incident:

Type of injury: _____

Was first aid required- if yes what was required _____

EMS response? If yes who responded _____

Was professional medical treatment required? If so, outline needed care _____

Please list all witnesses, their address, telephone contact numbers:

Coaches present:

Identity of Person Completing report and title:

Signature of person completing report _____

COPY OF THIS REPORT TO BE PROVIDED TO SPORTS DIRECTOR, LAA SECRETARY and LAA TREASURER.