



Accident Report

Player Name: \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Family/Emergency Contact: \_\_\_\_\_

**Accident Data**

Location: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

Was first-aid/medical treatment given? Y \_\_\_ N \_\_\_ If yes, by whom? \_\_\_\_\_

Describe the care given: \_\_\_\_\_

Was a family/emergency person contacted? \_\_\_\_\_

Your signature: \_\_\_\_\_

Participant (or Parent or Guardian Signature for a minor) \_\_\_\_\_

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**To be returned to the coach before the next game or practice**

My child \_\_\_\_\_ does/does NOT have my permission to return to play or practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

*If a doctor's care was provided due to the above accident/injury, a signed medical release is required by the Youth Sports Foundation before the youth participant may return to play.*