



INJURY/INCIDENT REPORT

Injury/Incident Report Date of incident: _____ Time of incident: _____

Site/Facility of incident: _____

Name of injured person: _____

Role of injured person (circle one): Athlete Coach Official Spectator Volunteer

Date of birth: _____ Telephone number: _____

Address: _____

Name (guardian/parent if injured person is a minor): _____

Address: _____

_____ Telephone number: _____

Was the parent/guardian contacted about the incident? (circle one) Yes No Time: _____

Did the incident take place during (circle one): Practice Game Other: _____

Name of team: _____ Age Division: _____

Name of coach: _____ Telephone number: _____

Name of official: _____ Telephone number: _____

Name of witness: _____ Telephone number: _____

Describe the incident and how it occurred: _____

Was any rule violated which contributed to the injury? (circle one) Yes No

Describe the type of injury and the part of the body injured: _____

Describe the treatment or other actions taken: _____

Treatment provided by: _____ Phone number: _____

Were emergency medical services contacted? (circle one) Yes No

Was the injured person transported to a medical facility? (circle one) Yes No

Coach/Manager Signature: _____ Date: _____

Received by (Player Agent): _____ Date: _____

Please return this form to the appropriate age division Player Agent and forward copy to President@wgfsa.org