



Incident/Accident Report

Please Print

Player Name: _____ Age: _____

Address: _____ Phone: _____

City: _____ State _____ Zip: _____

Parent/Emergency Contact: _____ Phone: _____

Coach's Name: _____ Phone: _____

Location: _____ Date of Incident: _____

Give brief description of the accident: _____

***If accident/incident required medical attention:**

Was first aid administered on site? _____ If yes, by whom? _____

Describe the care given: _____

Was family member or emergency contact called? _____

Reporter's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Below needs to be returned to the coach before the player can return

My child, _____, has my permission to return to play/practice.

Signed: _____ Date: _____

***If doctor's care was provided due to said injury, a signed medical release is required by West County Softball Association before the player may return to play.**