



# ACCIDENT REPORT FORM



This form is used to report all injuries in conjunction with any FFL activities. This is the responsibility of the Head Coach to completely and accurately fill out the form and return it to your league Director.

(All blanks **MUST** be completed and printed clearly)

<b>Name of Injured:</b>	_____	_____	_____
	Last Name	First Name	MI
<b>Date of Accident:</b>	_____	<b>Time of Accident:</b>	_____
<b>Location of Accident:</b>	_____		

<b>Parent/Guardian's Name:</b>	_____	_____	_____
	Last Name	First Name	MI
<b>Address:</b>	_____ _____		
<b>Home Phone:</b>	_____	<b>Work/Cell Phone:</b>	_____

<b>Team Name:</b>	_____	<b>Age Division:</b>	_____
<b>Head Coach:</b>	_____	<b>Phone:</b>	_____
<b>Nature of Injury:</b>	_____		
<b>Paramedics Called?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Witnesses:</b>	<b>Name:</b> _____	<b>Phone:</b>	_____
	<b>Name:</b> _____	<b>Phone:</b>	_____

**Report Completed By:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date