



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)

Name of Injured:	_____	_____	_____
	Last Name	First Name	MI
Date of Accident:	_____	Time of Accident:	_____
Location of Accident:	_____		

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

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

Report Completed By:

Parent/Guardian Signature

Date