

# GOOCHLAND YOUTH ATHLETIC ASSOCIATION

## Incident Report

\*\*\*\*\*Complete Form For GYAA Players or Visiting Players Injured on GYAA Field\*\*\*\*\*

Date Completing Form \_\_\_\_\_

Date Incident Occurred \_\_\_\_\_

Time Incident Occurred \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_ Title \_\_\_\_\_

(i.e., Commissioner of Football, Coach of Baseball, etc)

Sport Being Played \_\_\_\_\_

Team Name \_\_\_\_\_

Name of Head Coach \_\_\_\_\_

Player's Name That Was Injured (use separate form for every child): \_\_\_\_\_

Player's Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Location of Incident \_\_\_\_\_

(i.e., NAPA Field, Hidden Rock Park Field #2, Amelia Softball Field #1, etc.)

Description of Incident (what activities being done, what actions performed after incident, personnel involved, whether medical attention was received and by whom, etc.)

Use Back of Form if Necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_

Signature of Person Completing Form

\_\_\_\_\_ Date of Signature



X \_\_\_\_\_

Signature of **Physician** receiving this form

PHYSICIAN Printed Name

\_\_\_\_\_ Date of Signature

Complete this Portion After Medical Attention Was Received and Child Is Discharged. Must Be completed within 69 Days of Incident.

GYAA filing insurance on your behalf is not a guarantee of reimbursement/payment

I do not want GYAA to file a report with their insurance.

I want GYAA to file a report with their insurance.

X \_\_\_\_\_

Signature of Person Completing Form (Parent/Guardian)

\_\_\_\_\_ Date of Signature

\_\_\_\_\_  
Printed Name of Parent Guardian