

MUDSOCK YOUTH ATHLETICS
ACCIDENT REPORT FORM
12690 Promise Road
Fishers, IN 46038
317-845-5582

ACCIDENT REPORT FORM TO BE COMPLETED BY THE HEAD COACH.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN A COPY TO THE MUDSOCK YOUTH ATHLETICS OFFICE (FAX # 845-5687) WITHIN 30 DAYS FROM THE DATE OF THE ACCIDENT.

Date Accident Was Reported: _____

Injured Party: _____ Date of Birth: _____

Address: _____

Home Phone Number: _____ City _____ State _____ Zip: _____
Work/Cell Phone Number: _____

Parents/Guardian information if different from injured party

Parent/Guardian: _____

Address: _____

Home Phone Number: _____ City _____ State _____ Zip: _____
Work/Cell Phone Number: _____

Team/League Name: _____

Date of Injury: _____ Date of First Treatment: _____ Part of Body Injured: _____

Location of Injury: _____ Accident Time: _____

Where was injured party taken to for medical treatment: _____

Description/Cause of Injury: _____

Witnesses to Injury:

Name: _____

Address: _____

Home Phone Number: _____ City _____ State _____ Zip: _____
Work/Cell Phone Number: _____

Name of Person Taking Report: _____

At the time of the accident, was the claimant involved in a sponsored and supervised activity and were they a current member of the Organization? Yes No

Under whose supervision? _____ Was he/she a witness? Yes No

Authorized Signature _____ Title _____ Date _____

(MUST BE SIGNED BY AN ORGANIZATION OFFICIAL UNLESS INJURY DID NOT OCCUR DURING AN ORGANIZATION ACTIVITY. SIGNATURE IS REQUIRED)