



ARCHER ATHLETIC ASSOCIATION
INCIDENT REPORTING FORM
(PLEASE PRINT ON FORM)

Date of incident: _____ Time: _____ Location: _____

Name and contact info of person reporting incident:

Name: _____

phone number: _____ email address: _____

Name of teams head coach: _____ sport: _____

Name of child: _____

Contact info of child: phone number: _____ email address: _____

Briefly describe what happened: _____

What Action was taken while child was on site: _____

Was 911 called? Yes____ No____

Have parents been notified of incident? Yes____ No____

Has sport director been notified of incident? Yes____ No____

After form is completed please keep a copy for your records and give a copy to director of sport.