



# Accident Report

A separate form must be filled out for each participant and each injury

## General Information

Team Name \_\_\_\_\_  
 Football  Cheerleader  Team: A  B  C   
 Date of Accident Form Submission: \_\_\_\_\_  
 Participant Insured: Yes  No  \*\*Check Certification Records  
 Injury occurred at: Game  Practice  Other \_\_\_\_\_  
 Ambulance Required: Yes  No

## Participant Information

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Accident Information

Person in charge at time of accident: \_\_\_\_\_  
 Part of Body Injured: \_\_\_\_\_  
 Description of Accident, Explain how the Accident Happened:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Action Taken At Time of Accident

First Aid Treatment by: \_\_\_\_\_  
 Sent to Doctor: Yes  No  Dr.'s Name: \_\_\_\_\_  
 Sent to Hospital: Yes  No  Hospital Name: \_\_\_\_\_  
 Physicians Prognosis: \_\_\_\_\_  
 \_\_\_\_\_  
 Was Parent or Guardian Notified: Yes  No   
 How: \_\_\_\_\_  
 Witnessed by: \_\_\_\_\_ and \_\_\_\_\_

## Signatures

Signature of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of person in charge at time of accident: \_\_\_\_\_  
 \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If sent to a physician or hospital, the injured party must have a signed release from the physician stating Individual may resume activities conclusive with this sport.  
 This report must be submitted to the AYFCL