

Freemansburg Bethlehem Township Athletic Association

PO Box 3043 Bethlehem, PA 18017 610 . 867 . 8581

Incident Tracking /Injury Tracking Form

Team Name _____ League _____

Managers Name _____ Incident Date _____ Time _____

Manager's address _____

Injured Players Name _____ Date Of Birth _____

Players Address _____

Parent's Name /Guardian Address (if different) _____

Parent / Guardian Email address _____

Home Phone _____ Work or Cell _____

Incident participating in _____

Position/Role of person involved in incident _____

Type of Injury _____

Was first aid required Yes No If yes what: _____

Was emergency medical treatment required? Yes No If yes what: _____

Was a possible concussion sustained? Yes No

Applies to: All Divisions NOTE 3: If a medical professional, Umpire in Chief, the player's coach, the player's manager or the player's parent has determined a player sustains a possible concussion, the player must be, at a minimum, removed from the game and/or practice for the remainder of that day. The league must also be aware of its respective state/provincial/municipal laws with regards to concussions and impose any additional requirements as necessary. His/her return to full participation is subject to:

- 1.The league's adherence to its respective state/provincial/municipal laws,
- 2.An evaluation and a written clearance from a physician or other accredited medical provider and
- 3.Written acknowledgement of the parents

Provide a brief description of the incident _____

Could this accident been avoided? How _____

Prepared by: _____ Phone Number _____ Date _____

Signature _____ Date _____

Parents Signature _____ Date _____

After completing the information above please submit this for to the league email

FBTAAemail@yahoo.com within 24 hours of the incident.