



*Villa Park Youth Baseball Association, Inc – Accident Report Form*

Name of league participant injured: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident occurred while participating in:

Practice  Game  Tournament  Traveling to or from: \_\_\_\_\_

Position/Role of person(s) involved in incident:

Batter  Pitcher  Catcher  First  Second  Third  Shortstop  Left Field

Center Field  Right Field  Umpire  Coach  Spectator  Other \_\_\_\_\_

Please explain HOW the accident occurred:

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

Please describe the nature of the injury:

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

Was first aid required?  Yes  No

If yes, what, \_\_\_\_\_

Was professional medical treatment required?  Yes  No

If yes, what \_\_\_\_\_

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Name of acting Manager/Coach: \_\_\_\_\_ Was Manager/Coach a witness to this injury? Yes [ ] No [ ]

Could this accident have been avoided? How: \_\_\_\_\_

\_\_\_\_\_

Prepared By: \_\_\_\_\_ Position: \_\_\_\_\_ Phone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is for Villa Park Youth Baseball Association, Inc. purposes only, and may be required if an insurance claim is made. When an accident occurs, obtain as much information as possible. All injuries should be reported to Villa Park Youth Baseball Association, Inc. as soon as possible. Please submit this report to a VPYB Board member as soon as possible.