



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.