

Player Sport & Social Group Incident Report

Date of Incident: _____

Time of Incident: _____

Location (Facility/Field Name): _____

Sport/Activity: _____

Injured Person Information

Name: _____

Age: _____

Gender: _____

Team Name (if applicable): _____

Contact Info (Phone/Email): _____

Incident Details

Type of Incident:

- ☐ Injury
- ☐ Conflict/Altercation
- ☐ Property Damage
- ☐ Other: _____

Description of Incident (Include actions leading up to the event, what occurred, and immediate response):

Injury Information *(if applicable)*

Injured Area(s): _____

Severity:

- ☐ Minor (e.g., bruise, cut, strain)
- ☐ Moderate (e.g., sprain, suspected fracture)
- ☐ Severe (e.g., head injury, broken bone, loss of consciousness)

Player Sport & Social Group Incident Report

Was First Aid Provided? ☐ Yes ☐ No

By Whom? _____

Was EMS Called? ☐ Yes ☐ No

Was the individual transported to hospital? ☐ Yes ☐ No

Witness(es)

1. Name: _____ | Contact: _____

2. Name: _____ | Contact: _____

Reporting Party

Name: _____

Role: ☐ Player ☐ Coach ☐ Official ☐ Spectator ☐ Staff

Signature: _____

Date: _____