GOVL Agency Response Form

A form must be filled out for each responding Agency

Responding Agency:	
Law Enforcement	
Emergency Medical Services	
Fire Department	
Agency Name:	
Complaint/ Report Number (Law Enforcement Only):	
This number is required to be provided if there is a Law Enforcement Response	
Date:	
Game:	
Host Church:	
Name of person filling out form: Contact info (Phone & Email):	
**If an injury occurred fill out the accompanying D.A.D. Athletic League Accident Report*:	*
Describe the incident that took place (Use the back of the form if needed):	

Witnesses: (Name, E-Mail, Telephone Number)

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2.			
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I hereby acknowledge that the above information is true and correct. I understand that I may be contacted by the League Representatives to discuss what transpired.

Print Name:	e		
Sign Name:	. Date:		

This form packet must be submitted within 24 hours of any incident reported. The league will submit all necessary information and paperwork to the Archdiocese.

IX. D.A.D. Athletic League Accident Report

Date:			
Activity:			
Name, E-mail, Telephone Number of Person Su	pervising the Ever	nt: (Example: C	oach)
Injured Person's Name:		Team:	
Address:			
Telephone Number:			
Date and Time of the Accident:			
Exact Location of the Accident:			
Extent of the Injury (If Known):			
Cause of the Accident:			
Witnesses: (Name, E-Mail, Telephone Number)	Please attach their	statements to the	e Accident Report
1			
2			
3			
Remarks of the Person Reporting the Accident:			
Was Player's Parent Called?	By Whom?		Time:
First Aid Administered?			
Name, Address and Telephone Number of the F	Person Completing	the Report:	
*		4	
To be filled o	out by Archdiocese S	taff	
Date the Report Was Sent to the Insurance Con	npany:		

Signature: _____