

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

1. _____

_____.
2. _____

_____.
3. _____

_____.

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: _____.

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 Supervising the Event: (Example: Coach)

Injured Person's Name: _____ Team: _____

Address: _____

Telephone Number: _____ Age: _____ Gender: _____

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 Accident Report*

1. _____

2. _____

3. _____

Remarks of the Person Reporting the Accident: _____

Was Player's Parent Called? _____ By Whom? _____ Time: _____

First Aid Administered? _____ EMS Called? _____ Time: _____

Name, Address and Telephone Number of the Person Completing the Report:

----- *To be filled out by Archdiocese Staff* -----

Date the Report Was Sent to the Insurance Company: _____

Signature: _____