

**Cortland County Youth Soccer Association
Incident / Accident Report Form**



1) Site/location where accident took place: _____

2) Date and time of accident/incident: _____

3) Name of person in charge: _____

4) Name of injured person: _____

5) Address of injured person: _____

6) Nature of accident/incident: _____

7) Give details of how and precisely where the accident took place. Describe what activity was taking place (e.g. program, drill, game, activity, etc..).

8) List the names of any other adults that were present: _____

9) Give details of the action taken including any first aid treatment that was provided.

10) Indicate if EMS services were contacted. If Yes, please explain.

11) Was parent/guardian informed of accident/incident (who and when)? YES or NO

12) What happened to the injured person following the accident? (e.g. went home, went to hospital, carried on with session)?

All of the above facts are a true and accurate record of the accident/incident.

Signed: _____

Date: _____

Name (Print): _____

Position: _____