

## **NBBSA BABE RUTH LEAGUE ACCIDENT REPORT**

(Must Be Completed by Manager)

DATE OF INJURY: \_\_\_\_\_ NAME OF INJURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: home \_\_\_\_\_ cell: \_\_\_\_\_

NOTIFICATION MADE TO: \_\_\_\_\_ (NAME OF PARENT OR  
GUARDIAN)

TIME & METHOD OF NOTIFICATION: \_\_\_\_\_ (PHONE OR IN  
PERSON)

TYPE OF INJURY AND HOW IT OCCURRED:

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DIVISION & TEAM NAME: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ (Print Name)

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(SIGN AND DATE)

This form must be completed and forwarded to the League Director, Vice President and Player Agent. This form will be kept on file in case a claim is made to Babe Ruth for reimbursement of medical expenses. Claims should be made within 60 days of accident. Primary coverage is personal policies and Babe Ruth is secondary.