



Tri-County Youth Hockey Incident Report Form (2016-17)

P.O. Box 150, Brockport, NY 14420

Please complete this form if any injury occurs during any TCYH sanctioned event.

Skater Name: _____ Date of Injury: ___/___/___ Time: _____

Parent Name (s): _____

Address: _____
Street City ZIP/Country

Telephone: *Home:* _____ *Mobile:* _____ *Other:* _____

Nature and Extent of Injury: _____

How did injury occur? _____

Describe First Aid given, including name(s) of attendee (s): _____

Disposition to: (circle one) Hospital Home Physician Other (list below)

Was protective equipment worn? (circle one) YES NO

Explanation: _____

Rink name / Location: _____

Condition of playing surface: _____

Names and Addresses of Witnesses: Address:

Name: _____
Street City ZIP/Country Telephone

Name: _____
Street City ZIP/Country Telephone

Other comments: _____

Signature: _____ **Date:** _____

Title/Position: _____

This form was developed to notify TCYH of all injuries that occur during team events.

This form also provides documentation for insurance purposes of all injuries that occur during team events. If USA Hockey insurance coverage is required, separate forms must be requested and completed. Please contact Stacey Esposito, TCYH VP (staceyespoTCYH@hotmail.com) or John Pilon, TCYH President (ppilon001@rochester.rr.com).

Procedure for completing and submitting this form:

1. Coach or Manager completes the form at the time of the injury.
2. Completed form is submitted to the TCYH President or Vice President.
3. TCYH reviews and files the completed form.
4. Form is available under manager's resources tab on <http://tricountyyouthhockey.com/>
5. This form can and should be used for TCYH skaters and opponent skaters to document all injuries during TCYH games / events.

**** WHEN IN DOUBT, FILL IT OUT ****

TCYH Personnel Only:

TCYH Official Receiving Form (Print Name): _____

Signature: _____ Date: _____