

 <p><b>SYBA</b> Stow Youth Basketball Association</p>	<h2>Participant Injury Form</h2>	<p><b>Non-profit organization</b></p>
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### S.Y.B.A. Participant Injury Information

This form must be completed by an authorized coach or supervisor.

Name: \_\_\_\_\_ Parents name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Participant Injury General Information

Gender (circle one): male or female

Age of injured: \_\_\_\_\_

Grade in school: \_\_\_\_\_

Email address of parents: \_\_\_\_\_

Current S.Y.B.A. program enrolled: \_\_\_\_\_

**Type of Injury:** \_\_\_\_\_

**Explain Briefly What Happened:**

\_\_\_\_\_

\_\_\_\_\_

**Day, Date** and the **Time of injury** when it occurred: \_\_\_\_\_

Specify facility location of where the injury occurred: \_\_\_\_\_

Did the injury occur during a scheduled practice or competition? \_\_\_\_\_

Include objects that may have caused the injury-facility equipment, another person body, etc.: \_\_\_\_\_

Was first aid given? Explain what was done and who administered the first aid. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the injured transported to another facility? If yes, explain who transported the participant and where they were taken. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Witness to the injury

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### Coach/Supervisor of the program/ person completing this form

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_