

INCIDENT REPORT

GERMANTOWN LEGENDS SOCCER

Use this form to report injuries and property damage.

Please be as accurate as possible. We encourage reporting of all incidents.

DATE: _____ TIME OF ACCIDENT: _____ AM PM

NAME OF PERSON REPORTING INCIDENT: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ EMAIL: _____

COMPLETE THIS SECTION IF THERE WAS AN INJURY

TYPE OF BODILY INJURY (IF ANY): _____

THE INJURED PERSON(S) IS: PLAYER ____ PARENT ____ OTHER _____

LOCATION OF ACCIDENT: _____

NAME(S) OF PERSON(S) INJURED: _____

DESCRIBE EXACTLY WHAT HAPPENED: _____

EMERGENCY MEDICAL TREATMENT GIVEN? ____ YES ____ NO

TO WHOM? _____ BY WHOM? _____

DESCRIBE PROCEDURES(S): _____

PERSON(S) TAKEN TO HOSPITAL? ____ YES ____ NO NAME(S) _____

NAME OF HOSPITAL: _____

WERE POLICE CALLED TO THE SCENE? ____ YES ____ NO PARK RANGERS ____ YES ____ NO

NAME OF THE DEPARTMENT AND OFFICER(S) _____

PLEASE USE ADDITIONAL PAGES IF NECESSARY AND SEND TO Donald@GermantownLegends.com.