

**509 Insanity Sports Program THE VALLEY CLUB ACCIDENT/INCIDENT REPORT FORM**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Name of injured person:

Address: Phone Number(s):

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Who was injured person?(circle one) Player Coach Fan

Team Name: \_\_\_\_\_

AAU Number: \_\_\_\_\_

Type of injury: Details of incident:

Injury requires physician/hospital visit? Yes \_\_\_ No \_\_\_\_\_

Name of physician/hospital: \_\_\_\_\_

Address: Physician/hospital phone number:

\_\_\_\_\_

Signature of injured party (or parent/guardian for minor)

\_\_\_\_\_

Let us know if no medical attention was desired and/or required.

\_\_\_\_\_

Signature of injured party (or parent/guardian for minor) \_\_\_\_\_

**Return this form to Director, Lupe Maldonado/Danny Zavala within 24 hours of incident.**