



## INJURY INCIDENT REPORT

This form must be completed, dated and signed by an official of the reporting community.  
 Copies of this form must be sent to;

1. Community's Athletic Director or President;
2. TYFA Insurance Coordinator, Sharon Samon
3. TYFA's Insurance Carrier - must be attached to the insurance claim form

Date of Accident / Injury - mm/dd/yy	Name of Community		
Injury / Accident Occurred At	location		
	street address		
	city - state - zip		
Injured Person's Information	first - middle - last		
	street address		
	city - state - zip	home phone number	
Accident / Injury occurred during <input type="checkbox"/> practice <input type="checkbox"/> game <input type="checkbox"/> travel <input type="checkbox"/> other		Accident / Injury occurred to <input type="checkbox"/> football player <input type="checkbox"/> cheerleader <input type="checkbox"/> coach <input type="checkbox"/> other	
If "other" checked, explain below			
Explain how the accident / injury occurred			
Describe nature of injury / accident			
What type of emergency assistance was obtained - ck all that applies <input type="checkbox"/> First Aid <input type="checkbox"/> MD Office <input type="checkbox"/> EMS transport <input type="checkbox"/> Emer. Room <input type="checkbox"/> Other			
If "other" checked, explain below			
Was Parent / Guardian notified <input type="checkbox"/> YES <input type="checkbox"/> NO			

\_\_\_\_\_  
*Printed Name of Community's Official*

\_\_\_\_\_  
*Title of Official*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Signature of Community's Official*