MUDSOCK YOUTH ATHLETICS
ACCIDENT REPORT FORM
12690 Promise Road
Fishers, IN 46038
317-845-5582

ACCIDENT REPORT FORM TO BE COMPLETED BY THE HEAD COACH.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN A COPY TO THE MUDSOCK YOUTH ATHLETICS OFFICE (email: info@myathletics.com) WITHIN 30 DAYS FROM THE DATE OF THE ACCIDENT.

Date Accident Was Reported: _____

Injured Party: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Parent/Guardian (if different from injured party): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

League/Team Name: _____

Date of Injury: _____ Date of First Treatment: _____ Part of Body Injured: _____

Location of Injury: _____ Accident Time: _____

Where was injured party taken to for medical treatment: _____

Description/Cause of Injury: _____

_____

_____

Witness to Injury (Name and Role at event): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Name of Person Taking Report (Role): _____

At the time of the accident, was the claimant involved in a sponsored and supervised activity and were they a current member of the Organization? ☐ Yes ☐ No

Under whose supervision? _____ Was he/she a witness? ☐ Yes ☐ No

Authorized Signature: _____ Title: _____ Date: _____

(MUST BE SIGNED BY AN ORGANIZATION OFFICIAL UNLESS INJURY DID NOT OCCUR DURING AN ORGANIZATION ACTIVITY. SIGNATURE IS REQUIRED)