

## Galt Youth Baseball Incident/Injury Report

Field Name/Location: \_\_\_\_\_ Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_

**Incident occurred while participating in:**

A.)  Rookie (5-6)  Farm (7-8)  Minor (9-10)  Major (10-12)  Babe Ruth (13-16)

B.)  Tryout  Practice  Game  Tournament  Special Event

Travel to  Travel from  Other (Describe): \_\_\_\_\_

**Position/Role of person(s) involved in incident:**

C.)  Batter  Baserunner  Pitcher  Catcher  First Base

Second  Third  Short Stop  Left Field  Center Field

Right Field  Dugout  Umpire  Coach/Manager  Spectator

Volunteer  Other: \_\_\_\_\_

**Type of injury:** \_\_\_\_\_

**Was first aid required?**  Yes  No If yes, what: \_\_\_\_\_

**Was professional medical treatment required?**  Yes  No If yes, what: \_\_\_\_\_

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

**Type of incident and location:**

A.) On Primary Playing Field

B.) Adjacent to Playing Field

D.) Off Ball Field

Base Path:  Running or  Sliding

Seating Area

Travel:

Hit by Ball:  Pitched or  Thrown or  Batted

Parking Area

Car or  Bike or

Collision with:  Player or  Structure

C.) Concession Area

Walking

Grounds Defect

Volunteer Worker

League Activity

Other: \_\_\_\_\_

Customer/Bystander

Other: \_\_\_\_\_

**Please give a short description of incident:** \_\_\_\_\_

**Could this accident have been avoided? How:** \_\_\_\_\_

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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