

SACRED HEART OF CASTLETON CYO BASKETBALL

PO BOX 32, CASTLETON NY 12033

INITIAL INJURY OR INCIDENT REPORT

PLAYER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

STATE _____ ZIP CODE _____ PHONE # _____

LEVEL OF PLAY & TEAM _____

DATE, TIME, & PLACE OF INCIDENT _____

HEAD COACH _____ ASSISTANT COACH _____

WITNESSES (IF ANY) _____

TYPE OF INJURY _____

DESCRIBE HOW INCIDENT OR INJURY OCCURRED _____

ACTION TAKEN: (ICE PACK, BANDAGES, HOSPITAL, ECT.) _____

SIGNATURE OF PERSON MAKING REPORT DATE PHONE #

REVIEWED BY TITLE PHONE #