



Incident / Injury Report

Incident Date: _____ Time: _____
Field Name/Location: _____
Injured Person's Name: _____ Date of Birth: _____
Address: _____ ZIP: _____
Age: _____ Sex: Male Female
Home Phone: (____) _____ Cell Phone: (____) _____
E-MAIL _____
Parent's Name (If Player): _____ Work Phone: (____) _____
Parents' Address (If Different): _____

Division and Team name (if player): _____
Coach's Name (if player): _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger
- B.) Tryout Practice Game Tournament Special Event Clinic
- 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: _____

Describe 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
- Base Path: Running or Sliding:
- Hit by Ball: Pitched or Thrown or Batted
- Collision with: Player or Structure
- Grounds Defect
- B.) Adjacent to Playing Field—please describe: _____
- Other: _____

Please give a short description of incident: _____

Prepared By/Position: _____ Phone Number: (____) _____

E-Mail Address _____

Signature: _____ Date: _____

CONTACT AND SEND TO:

WSLL PRESIDENT: Debbie Kling - debbiekleekling@aol.com - 917-951-3081