



DYBA Incident Report Form



Use this form to report any incident occurring during a DYBA activity that involves injury requiring medical attention or damage to property.

- Type of Incident (check all that apply):
- Injury to DYBA Player
 - Injury to adult DYBA Volunteer
 - Injury to other individual
 - Damage to property

DYBA activity at which the incident occurred (include whether a game or practice, league name, team names): _____

Location of Incident: _____

Date and Approximate Time of Incident: _____

Name of Injured Party or Property Owner: _____

Address of Injured Party or Property Owner: _____

Responsible DYBA Volunteer present at the incident: _____

Please provide a brief description of the incident: _____

Signature: _____ Date Signed: _____

Please submit the completed form to DYBA, PO Box 421, Deerfield, IL 60015

DYBA maintains an excess medical insurance policy for all DYBA participants that pays for medical costs that the injured party's medical insurance does not cover. DYBA also maintains a liability policy that covers injury to non-DYBA participants and to property. All insurance claims must be submitted within 90 days of the incident.