

BLOOMINGDALE YOUTH SPORTS ASSOCIATION

BABE RUTH LEAGUE INCIDENT / INJURY TRACKING REPORT

Field Name/Location: _____ Incident Date: _____

Incident Time: _____ Injured Person's Name: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Address: _____ City: _____

State _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Parents' Address (If Different): _____ City _____

State _____ ZIP: _____

Incident occurred while participating in:

A.) Baseball Softball Tee Ball

B.) Tee Ball Rookie Boys (4-6) Minor Boys (9-10) Major Boys (11-12)

BR Boys (13-14) BR Boys (16+)

Girls (8U) Girls (10U) Girls (12U) Girls (14U) Girls (16U) C.)

Tryout Practice Game Tournament Special Event Travel to Travel from

Other (Describe):

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

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

- Base Path: Running or Sliding Seating Area
 Hit by Ball: Pitched or Thrown or Batted Parking Area
 Collision with: Player or Structure
 Grounds Defect
 Other: _____

C.) Concession Area

D.) Off Ball Field

- Volunteer Worker Travel:
 Customer/Bystander Car or Bike or Walking
 Other: _____ League Activity
 Other: _____

Please give a short description of incident:

Could this accident have been avoided? How:

This form is for Bloomingdale Youth Sports Association (BYSA) purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve BYSA safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in to the BYSA Board of Directors and also provide the BYSA Safety Officer with a copy for BYSA files. All personal injuries should be reported to BYSA Board of Directors and Safety Officer as soon as possible. Contact information for the BYSA Board of Directors can be obtained by to <http://BYSAFL.com>.

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

Signature: _____ Date: _____