



## Anaheim Pony Baseball Accident/Injury Report

(Please print all information in the blanks provided. Sign where indicated.)

Date/Time of the Accident: \_\_\_\_\_ Division: \_\_\_\_\_

Name of Person filling out this Report: \_\_\_\_\_

Phone/Cell No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Location/Address of the Accident: \_\_\_\_\_

Name of Injured person/relationship to Anaheim Pony Baseball (*player, parent, staff, etc.*) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Injured Person: \_\_\_\_\_

Describe How this Accident/Injury Occurred: \_\_\_\_\_

Type of Accident/Injury (*part of the body injured, etc.*): \_\_\_\_\_

What Ensued after the Accident/Injury? (*Check all that apply*)

First Aid Administered    Injured Taken to the Hospital    Injured Went Home    Injured Continued Playing

Injured Visited a Physician    Other, explain: \_\_\_\_\_

Signature of person preparing report

Title (Manager, Coach, etc.)

**PLEASE NOTE:** This report MUST be turned in to the league Secretary immediately after the accident and MUST also be reported by telephone within 24 hours of the accident. Failure to do so may leave you and Anaheim Pony Baseball liable.