

Galt Youth Baseball Incident/Injury Report

Field Name/Location: _____ Incident Date: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: _____

Parent's Name (If Player): _____ Work Phone: _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) ☐ Rookie (5-6) ☐ Farm (7-8) ☐ Minor (9-10) ☐ Major (10-12) ☐ Babe Ruth (13-16)

B.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event

☐ Travel to ☐ Travel from ☐ 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: _____

Type of 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

☐ Other: _____

B.) Adjacent to Playing Field

☐ Seating Area

☐ Parking Area

C.) Concession Area

☐ Volunteer Worker

☐ Customer/Bystander

D.) Off Ball Field

☐ Travel:

☐ Car *or* ☐ Bike *or*

☐ Walking

☐ League Activity

☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Signature: _____ Date: _____