



# SINGING HILLS INCIDENT REPORT

This form is for Singing Hills Little League use only. This document should be used to evaluate potential safety hazards, unsafe equipment or environment, and/or contribute to positive ideas to improve league safety. When an accident occurs, obtain as much information as possible. In the event of an emergency dial 911. The league safety officer **MUST** be notified of all injuries or incidents that occurred during any Singing Hills event. Fill out this form completely and email to: [safetyofficer@singinghillslittleleague.org](mailto:safetyofficer@singinghillslittleleague.org).

Field Name and Location of event with address:

Date: (month/day/year)

Time: (am/pm)

Injured Persons Name: (first and last)

Date of Birth and Age: (month/day/year)

Address of injured person:

City:

State:

Zip:

Phone:

Parents Name:

Parents Address (if different):

Parents Phone Number:



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**Incident Occurred While Participating In:**

A. Tee Ball? Rookies? Minor B? Minor A? Majors?

B. Practice? Tryout? Game? Tournament? Special Event?  
Other (describe)?

**Position/Role Of Person Involved In The Event:**

A. Player? Coach? Manager? Volunteer? Spectator? Umpire?

**Provide a brief description of the event:**

**Type of Injury:**

**Was First Aid Required? Yes  No  (if so, describe):**

**Was Professional Medical Treatment Involved? 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.)



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Could this accident have been avoided? How?

Incident Form Completed By:

Date:

Signature:

Role: