

Silent Sports Association Incident Report, page 2.

4. Who responded to the incident (include all parties - Athletic Trainers, Security, Paramedics, Police, etc.): _____

5. If an Injury is involved, please provide the following:
Injured Person's Name: _____ Age: _____
Address: _____
Phone (H): _____ Sex: Male _____ Female _____
Relationship to event: _____ Participant _____ Official _____ Spectator _____ Other: _____

6. Describe injury (specify where on body, right or left side): _____

7. Was First Aid treatment required? _____

8. If yes, who provided First Aid treatment? _____

9. Please provide detailed description of surroundings, facility condition, weather condition, etc:

Other Comments: _____

10. Verification Statement: By signing this document, I verify that this report is true and correct to the best of my knowledge.
Reporter's Signature: _____ Date: _____

Club President: Keep one copy on file with your organization, and send one copy to:

McKay Insurance Agency, Inc.
106 E. Main Street - PO Box 151
Knoxville, IA 50138
641-842-2135 main
641-828-2013 fax