



P.O. Box 731 Maywood, NJ 07607

Maywood/Rochelle Park Girls Softball
Accident Report

PLEASE PRINT

Player Name: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent/Emergency Contact: _____ Phone: _____

Coach's Name: _____ Phone: _____

Division: _____ Team Name: _____

Location: _____ Date/Time of Accident: _____

Give a brief description of the accident:

Was first aid treatment administered?: _____ If yes, by whom?: _____

Describe the care given:

Was family member or emergency contact called? _____ Was parent in attendance of event?: _____

Reporter's Name: _____ Signature: _____

Sport's Director Name: _____ Signature: _____

Copy 1 - is held by the person reporting – their signature is on the form
Copy 2 - is held by the Sport Director and stored in a secure place
Copy 3 - is given to social services/police

Confidentiality must be observed.