



G7 Passing League

Incident Report Form

Date:

Time:

Location:

Age Group:

Team Name:

Player Name:

Coach Name:

Description of Incident:

Type of Injury:

Head Arm Leg Ankle Heat

Other:

Action Taken:

EMS Called:

Yes **No**

If yes, time:

Witness Name(s):

Staff Completing Report:

Signature:

Date Submitted: