

# 2025 FLYFCL ACCIDENT/INCIDENT REPORT

This document should be filled out completely, signed, filed with the club, and sent to FLYFCL within 48 hours of the accident/incident.

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐AM ☐PM

Location: \_\_\_\_\_ ☐Practice ☐Game ☐Competition ☐Other:

Person in charge at time of incident: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Who was injured: ☐ Player ☐ Spectator ☐ Coach ☐ Board Member ☐ Official

Type of injury: \_\_\_\_\_ Body part injured: \_\_\_\_\_

Details of the injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Aid provided ☐NO ☐YES, by who: \_\_\_\_\_

Ambulance called: ☐NO ☐YES, by who: \_\_\_\_\_

Parent transport to Urgent care/Emergency Room: ☐NO ☐YES

Parents Name: \_\_\_\_\_

## For athletes only:

Did the athlete sit out? ☐NO ☐YES, how long? \_\_\_\_\_

Was a parent/ guardian present? ☐NO, the parent/guardian **must be notified.** \_\_\_\_\_

☐YES, signature: \_\_\_\_\_

Parent/guardian notified: \_\_\_\_\_ Time: \_\_\_\_\_ ☐AM ☐PM

By Whom: \_\_\_\_\_ Method of contact: \_\_\_\_\_

Will a claim be made with FLYFCL's insurance? ☐YES ☐NO

Printed Name and title of the person completing this form: \_\_\_\_\_

Printed Name and Signature of a Club Board Member: \_\_\_\_\_

Printed Name and Signature of the Head Coach: \_\_\_\_\_

Email this completed form to [info@flyfcl.com](mailto:info@flyfcl.com) within 48 hours of incident.

FLYFCL Board Use Date form was received: \_\_\_\_\_ Board Member Initials: \_\_\_\_\_