



Olive Pony Baseball
1442 E. Lincoln Ave, Suite 390
Orange, CA 92865
oliveponybaseball.com

Olive Pony Baseball Accident/Injury Report Form

(Please print all information in the blanks provided and sign where indicated)

Date: ___/___/___ Time: _____ Division: _____

Name of Person filling out Report: _____

Phone: _____ E-Mail: _____

Location/Address of Accident: _____

Injured Party: _____

Relationship to OPB (Player, Parent, Umpire, etc) : _____

Parent/Guardian Name : _____ Phone: _____

Address of Injured Party: _____

Describe how this accident/injury occurred: _____

Actions taken on site (Check all that apply)

☐ First Aid Administered ☐ Taken to Hospital ☐ Injured went home
☐ Injured continued playing ☐ Injured visited physician ☐ Other, Please explain

Signature of Person Preparing Report

PLEASE NOTE: This report *MUST* be turned into the league Safety Officer, Nick Escobedo, immediately after the accident. Please email the completed form to email@oliveponybaseball.com