



Garden Grove Pony Accident/Injury Report

Date/Time of the incident: _____ Division/ Team: _____

Name of Injured: _____

Phone/Cell No: _____ E-Mail: _____

Location/Address of the Accident: _____

Name of Injured person/relationship to Garden Grove Pony Baseball: (player, parent, staff, etc...)

Parent/Guardian Name: _____ Phone No. _____

Address of Injured Person: _____

Describe How this Accident/Injury Occurred:

Type of Accident/Injury (part of the body injured, etc.):

What Ensued after the Accident/Injury? (Check all that apply)

First Aid Administered Injured Taken to the Hospital Injured Went Home Injured Continued Playing

Injured Visited a Physician Other, explain: _____

Signature of person preparing report Title (Manager, Coach, etc.)

Printed name of person filling out report: _____ Phone: _____

PLEASE NOTE: This report MUST be turned in to the league Secretary immediately after the accident and MUST also be reported by telephone within 24 hours of the accident. Failure to do so may leave you and Garden Grove Pony Baseball liable.