

Incident # \_\_\_\_\_

**Incident Report**  
**Olive Branch Youth Football & Cheerleading**

Name of Player(s) involved: \_\_\_\_\_

Address of Player(s): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # of Player(s): \_\_\_\_\_ Birthdate : \_\_\_\_\_ Age: \_\_\_\_\_

Time incident occurred: \_\_\_\_\_ Date incident occurred: \_\_\_\_\_

Date incident reported: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Describe clearly and in detail how, when, and where the incident occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Circumstances Relating to Accident:

- \_\_\_\_\_ Playing in Scheduled game
- \_\_\_\_\_ Performing in Scheduled Practice
- \_\_\_\_\_ Traveling to or from Scheduled game or Practice
- \_\_\_\_\_ Other (describe in detail)

Type of Activity (circle one): Football Cheerleading

Name of Coach: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Age Group: \_\_\_\_\_

Witness to Accident: \_\_\_\_\_

Names & Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the Player(s) taken to the hospital? Yes No

How long after the accident occurred? \_\_\_\_\_

How was the player(s) transported? Private Car Ambulance

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_