



# CY - FAIR SPORTS ASSOCIATION

## CHEERLEADING FIRST REPORT OF ACCIDENT

(This form is to be completed by a coach or manger. In the event that more than 1 person is injured, a separate report will be completed for each injured party. The completed form will be forwarded to [cheerleading@cy-fairsports.org](mailto:cheerleading@cy-fairsports.org) or fax to 281-970-8099.)

INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_ AM / PM WHICH COMPLEX: \_\_\_\_\_

TYPE OF SPORT: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

HOW THE INCIDENT OCCURRED: \_\_\_\_\_

\_\_\_\_\_

BODY PART INJURED: \_\_\_\_\_

INJURED PERSON (CIRCLE): ATHLETE OFFICIAL COACH SPECTATOR EMPLOYEE VOLUNTEER OTHER \_\_\_\_\_

WHERE AT THE COMPLEX DID THE INJURY OCCUR: \_\_\_\_\_?

CLASSIFICATION OF INJURY (CIRCLE): NON-INJURY MINOR INJURY/ILLNESS SERIOUS INJURY/ILLNESS

DISPOSITION: ( ) RELEASED TO PARENT ( ) REFUSAL OF CARE ( ) REFER TO DOCTOR

( ) REFER TO HOSPITAL OR CLINIC ( ) MEDICAL ATTENTION ( ) EMS TRANSPORT

( ) PATIENT REQUESTED EMS ( ) RELEASED TO PERSONAL VEHICLE

If transported to medical facility, please provide name and location: \_\_\_\_\_

\_\_\_\_\_

### INJURED PERSON INFORMATION:

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

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

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Tel.# \_\_\_\_\_ Male / Female

### GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Tel.# \_\_\_\_\_

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

### INSURANCE INFORMATION: ( IF INJURED HAS INSURANCE, PLEASE PROVIDE NAME BELOW)

Insurance Company Name: \_\_\_\_\_

### WITNESSES:

NAME \_\_\_\_\_ TEL.# \_\_\_\_\_

NAME \_\_\_\_\_ TEL.# \_\_\_\_\_

Signature of Coach or Manager: \_\_\_\_\_ Date \_\_\_\_\_