

INJURY REPORT FORM

Ocee Park Athletic Association

League Name: Ocee Park Babe Ruth League League ID: Ocee Park, GA Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in: (circle one)

- A.) Baseball Softball Buddy Ball
B.) Buddy Ball T-Ball (5-7) Minor (7-12) Major (10-12) Junior 13-15 Senior 16-18
C.) Tryout Practice Game Tournament Special Event
Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident: (circle one)

- D.) Batter Base runner Pitcher Catcher First Base Second
Third Short Stop Left Field Center Field Right Field Dugout
Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location: (circle one)

- A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field
Base Path: Running or Sliding Seating Area Travel
Hit by Ball: Pitched or Thrown or Batted Parking Area Car or Bike or
Collision with: Player or Structure C.) Concession Area Walking
Grounds Defect Volunteer Worker League Activity
Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Ocee Park Babe Ruth League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in this form to Joel Dudman, OPAA Equipment and Safety Officer. Additional forms may be required in the event of a claim against the league insurance policy. See www.occepark.com for more information (SAFETY link).

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____