

Holmdel Softball Club Injury Report

To be filled out by Team Captain and forwarded to the club Injury Report person with a copy to the club President.

Injured Personal Information

Name: _____ Phone: _____
 First Middle Last

Player Team _____ Company _____ Work Location: _____

Spectator Reason for being at game? _____

Other _____

Description of Accident Resulting in Injury

Location of accident (eg: field name): _____

Time of accident: _____ Date: _____ Hour: _____

First-aid administered What: _____

When: _____ By Whom: _____

Has accident been reported to injured employer? _____

Has accident been reported to injured health care provider? _____

Was injured taken to: _____
 Doctor – Name Hospital – Name Home

How did accident occur? _____

Nature of injury, and part(s) of body involved: _____

Contributing factors, such as weather, visibility, condition of facilities and equipment: _____

Did injured observe safety precautions recommended by team and club leaders? _____

What steps can be taken to prevent recurrence? _____

To the best of my knowledge, the facts outlined above are true and complete.

Signature, Team Captain: _____ Date: _____

Printed Name: _____

Signature, Injured: _____ Date: _____

Printed Name: _____