

Annville Youth League (AYL) Incident Report Form

Instructions: Program Coordinators are responsible to ensure that this form is completed and submitted to the AYL Board within 48 hours of the incident occurring.

Name of Person Reporting: _____ Date of Report: _____

Title: _____ Phone Number: _____

Name(s) of Person(s) Involved: _____

Parent Name(s), if applicable: _____

Parent Phone Number(s): _____

Date of Incident: _____ Location of Incident: _____

Summary of Incident: _____

Was first aid required? If yes, describe: _____

Was professional medical care required? If yes, describe: _____

If an athlete was injured, were they cleared to return to play? _____

Witness(es): _____

Signature: _____ Date: _____

AYL Representative Review: _____ Date: _____