

Outlaws AAA Hockey Incident Report Form

Instructions: This form must be completed by a coach, team manager, or witness for any injury or incident occurring during an Outlaws event. Submit the completed form to the Outlaws Board within 24 hours.

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- ◆ **Date & Time of Incident:** _____
 - ◆ **Location (Rink/Facility Name):** _____
 - ◆ **Team(s) Involved:** _____
 - ◆ **Name of Injured Person:** _____
 - ◆ **Role (Player, Coach, Spectator, Other):** _____
 - ◆ **Age (if minor):** _____

Incident Details

- ◆ **Describe what happened (be specific):**

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- ◆ **Specific injury (if applicable):**

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- ◆ **Immediate actions taken:** (Check all that apply)

- ☐ First aid provided (explain: _____)
- ☐ Removed from play
- ☐ Called 911
- ☐ Parent/guardian notified (Time: _____)
- ☐ Other (explain: _____)

- ◆ **Was the player wearing required safety gear?** ☐ Yes ☐ No

- ◆ **Witness(es) (Name & Contact Info):**

Follow-Up Actions

◆ **Was medical attention required?** ☐ Yes ☐ No

(If yes, provide details: _____)

◆ **Was the player cleared to return to play?** ☐ Yes ☐ No ☐ Pending medical evaluation

Submitted By:

◆ **Name:** _____

◆ **Role (Coach, Manager, Other):** _____

◆ **Signature:** _____

◆ **Date:** _____