

## 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):**

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### 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:** \_\_\_\_\_