



PACIFIC COAST CONFERENCE INCIDENT REPORT

Revised: 1/08

Send Report To:
Fax #: 310-808-0813

This form is to be filled out by the team/squad General Manager and turned into the Conference via fax any time a player/cheerleader is injured on the practice field, game field or at an Association/PCC Function.

Player/Cheerleader's Name:		Date:	Time:
Participants Age:	Association:	Division:	Team Name:
Parents Name:		Home #:	Cell #:
Parents E-Mail Address:			Work #:
Parents Mailing Address: Street	City:	Zip Code:	
Nature of Injury:		Head Coaches Name:	
Description of Accident:			
Actions Taken:			
Transported, released to Parent or returned to activity:			
<input type="checkbox"/> Ambulance <input type="checkbox"/> By Car (other than parent) _____ <input type="checkbox"/> Released to Parent <input type="checkbox"/> Returned to activity			
What was the activity at the time of the accident:			
<input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Other _____			
Name of person filling out Report:		Position:	
CONFERENCE USE ONLY :			
<input type="checkbox"/> Sent Insurance Form to Parents		Notes:	