

GRAND JUNCTION SOCCER CLUB
Return to GJSC office within 48 hours of Incident
ATHLETE ACCIDENT REPORT

Name: _____ Sex: _____
Home Phone: _____
Father's Name: _____ Mother's Name: _____
Home Address: _____
_____ Zip: _____

Date of Incident: _____ Time: _____ A.M. ___ P.M. ___

Nature of Incident: _____ Place of Incident: _____

Part of Body:

Abrasion Laceration Ankle Finger Nose Face
 Bruise Puncture Arm Foot Tooth Leg
 Burn Scratches Back Hand Wrist
 Cut Sprain Elbow Head Other:
 Eye Knee (Specify)
 Other(Specify): _____

Part of Body: Indicate Left__ or Right __ if injury is to a leg, arm, knee, wrist, ankle, elbow, eye, foot, or hand. If finger, indicate hand and digit: _____

Describe Incident: _____

Were parents notified? YES NO Time of notification: _____

Was athlete taken to a doctor/hospital? YES NO

If YES, how and by whom? Ambulance Parent(s)/Guardian(s) Other(Specify)

Name of doctor/hospital: _____

Treatment: _____

(Signature of person completing this form)

(Date)