



SEV Pony Baseball Accident/Injury Report

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(Please print all information in the blanks provided. Sign where indicated.)

Date/Time of the Accident: _____ Division: _____

Name of Person filling out this Report: _____

Phone/Cell No: _____ E-Mail: _____

Location/Address of the Accident: _____

Name of Injured person/relationship to Pony Baseball (*player, parent, staff, etc.*) _____

Parent/Guardian Name: _____ Phone No. _____

Address of Injured Person: _____

Describe How this Accident/Injury Occurred: _____

Type of Accident/Injury (*part of the body injured, etc.*): _____

What Ensued after the Accident/Injury? (*Check all that apply*)

First Aid Administered Injured Taken to the Hospital Injured Went Home Injured Continued Playing

Injured Visited a Physician Other, explain: _____

Signature of person preparing report

Title (Manager, Coach, etc.)

PLEASE NOTE: This report MUST be turned in to the league Secretary immediately after the accident and MUST also be reported by telephone within 24 hours of the accident. Failure to do so may leave you and SEV Pony Baseball liable.