

Urbana Youth Sports Incident Report

(When complete, please give to a committee member, place in black mailbox on UYS Building or email to: UrbanaYouthSports@live.com)

Program: _____ Team: _____ Coach: _____

Date: _____ Time: _____ am _____ pm

Field #: _____ on _____ near _____ Or other location: _____

Location: Urbana City Park, 731 Children's Home Road, Urbana, OH 43078

Name: _____ Age: _____ Participant? _____

If not participant, explain _____

Gender: ___Male ___Female Others involved: _____

Body Parts(s) Injured (if any): _____

Incident Description: In as much detail as possible, include all involved.

Please Continue on back if needed.

Suspect Concussion? ___Yes ___No (If, Yes, player will need a doctor's release to return)

Doctor's Release Received: Date _____ by: _____

Participant(s) Involved	Number	Program/Team
_____	_____	_____
_____	_____	_____
_____	_____	_____

Coach Signature

Print Name

Parent/Witness Signature

Print Name

Emergency Number: 911
Program Director – 937-215-2216