

Holmdel Softball Club Injury Report

To be filled out by Team Captain and forwarded to the club Injury Report person with a copy to the club President.

Injured Personal Information

Name: _____ Phone: _____
First Middle Last
Player Team _____ Company _____ Work Location _____
Spectator Reason for being at game? _____
Other _____

Description of Accident Resulting in Injury

Location of accident: MT Avaya Other _____
Time of accident: Date: _____ Hour: _____
First-aid administered What: _____
When: _____ By Whom: _____
Has accident been reported to injured employer? _____
Has accident been reported to injured health care provider? _____
Was injured taken to: _____
Doctor – Name Hospital – Name Home

How did accident occur _____

Nature of injury, and part(s) of body involved _____

Contributing factors, such as weather, visibility, condition of facilities and equipment _____

Did injured observe safety precautions recommended by team and club leaders? _____

What steps can be taken to prevent recurrence? _____

Team Captain _____ Date _____

Injured _____ Date _____