

ACCIDENT/INCIDENT REPORT FORM

This form must be completed within 24 hours of any accident or injury to any players or coaching staff. Completed form must be submitted to the Elite Hockey Academy President at (palden@elitehockeyaaa.com) and to the Elite Hockey Academy Registrar at (eharegistrar@gmail.com).

DATE OF REPORT

PERSON INVOLVED

Full Name

Home Address

Phone Number

Email Address

If person involved is under 18, please provide the following:

Parent Name

Home Address

Phone Number

Email Address

THE INCIDENT

Date of Incident

Time

Location

Describe the Incident, in detail:

INJURIES

Was anyone injured? Yes No

If, yes describe the injuries, in detail:

WITNESSES

Were there witnesses to the incident? Yes No

If yes, enter the witnesses names and contact information:

POLICE/MEDICAL SERVICES

Were the Police Notified? Yes No

If yes, was a report filed Yes No

Was medical treatment provided? Yes No

If yes, where was medical treatment provided?

PERSON FILING REPORT

Signature

Print Name

Date

Phone Number

Email Address

OFFICE USE ONLY

Report Received by

Date