



# SACRAMENTO MEN'S SENIOR BASEBALL LEAGUE

## PLAYER ACCIDENT REPORT

INSTRUCTIONS: Complete form and submit to league as soon as possible after injury occurs. If outside medical attention is required, you MUST send this form and all pertinent information to the League Commissioner.

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Team Name \_\_\_\_\_ Division \_\_\_\_\_

Player Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ AM/PM

Location of Accident (Field, City) \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Body Part(s) Involved \_\_\_\_\_

Describe details of accident (use back if needed):

First Aid Rendered \_\_\_\_\_

Name of Coach at place of accident \_\_\_\_\_

Witness to accident \_\_\_\_\_

How did player leave after 1<sup>st</sup> aid was rendered? \_\_\_\_\_  
car, foot, ambulance, etc

Diagnosis/Outcome (if known):

**PLAYER Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: If outside medical attention is required, please copy this form and send it with other important information to the league commissioner.