Concord American Little League Accident / Injury Report

		THE RESERVE AND DESCRIPTION OF	NAME AND ADDRESS OF TAXABLE PARTY.	THE RESERVE OF THE PARTY OF THE	CHARLES IN COLUMN	Control of the Contro	A Contract of the last of the
Injured Last Name	Injured First Name		Manager Name		Age	Division	Team
Time of Accident	Date of Accident or Injury Location and Field						
Parent or Guardian {Name on	Address				Phone		
Parent or Guardian {Name two	Address				Phone		
Nature of Accident or Injury							
Police/Fire Notified Yes No Officers Name Was Injured Transported to Hospital or a Ambulance Called?						Department	
Witness Name		Phone					
Witness Name		Phone					
Parents Insurance Carrier	Phone	OCCUPANT OF THE PROPERTY OF TH		Parents Notified	Yes No		
Injured Party is a ? (Parent)	(Spectator) (Pl	layer) (Coach)	(Manager) (Otl	ner)-Explain/			
		Perso	n Filling Out Re	port			
Name Address						Phone	

Sinature

	The Real Property lies	and the second		NAME OF STREET	THE PERSON NAMED IN	
Date						