



2923 Cedar Street Suite 3
Muscatine, IA 52761

Accident Report

Date of Occurrence: _____

Player's Name: _____ M/F: _____ Age: _____

Address: _____

City: _____ State: _____ Phone: _____

ACCIDENT DATA

Location: _____

Description of Accident: _____

Coach/Official person in charge: _____

Was first aid or medical treatment given? Yes/No _____

If Yes, by whom? _____

Describe the care given: _____

Was family member/emergency person contacted? _____

Your Signature: _____ Date: _____

Participant Signature: _____

To be returned to coach before next game or practice

Date: _____ My child _____ does/does not have my
permission to return to play or practice.

Signed: _____

Parent or Guardian signature

If a doctor's care was provided due to said accident, a signed release note is required by the YSF directors and coaching staff before child may return to play.