



Youth Sports Foundation  
**Accident Report**

PLEASE RETURN FORM TO:  
Youth Sports Foundation  
2923 Cedar St Suite 3  
Muscatine, IA 52761

PLEASE PRINT

Player Name: \_\_\_\_\_ M/F \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

YSF Sport: \_\_\_\_\_ Team Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Give a brief description of the accident:

\_\_\_\_\_  
\_\_\_\_\_

Was first aid treatment administered? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Describe the care given: \_\_\_\_\_

Was family member or emergency contact called? \_\_\_\_\_

Reporter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

To be signed by a parent/guardian if a minor.

\*Reporter must also fill out an injury study report form, found on the coaches' page of the YSF website:

[www.youthsportsfoundation.org](http://www.youthsportsfoundation.org)

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Below needs to be returned to the coach before the next game or practice

My child, \_\_\_\_\_, does/does NOT have my permission to return to play/practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature

\*If doctor's care was provided due to said injury, a signed medical release is required by the Youth Sports Foundation before the youth may return to play.