



Incident Report

PLEASE PRINT

Player Name: _____ M/F _____ Age _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Coach's Name: _____ Phone: _____

YSF Sport: _____ Team Name: _____

Date of Incident: _____ Details of Incident: _____

Was discipline necessary? _____ If yes, please explain: _____

Were parents/guardians notified of this incident? _____

In your opinion, does this incident require further discussion with a YSF director and/or parent/guardian? _____

If yes, please elaborate: _____

To be signed by reporter:

Name: _____

Signature: _____ Date: _____

To be signed by parent/guardian:

I _____, parent/guardian of _____

Have read and understand my child's/guardian's participation in the above incident.

Signed: _____ Date: _____

Please print and return to the YSF Main Office
Youth Sports Foundation
2923 Cedar Street
Muscatine, IA 52761
(563) 288-2541



Accident Report

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 administered? _____ If yes, by whom: _____

Describe the care given: _____

Was family member or emergency contact called? _____

Reporter's signature: _____ Date: _____

Participant's Signature: _____ Date: _____

To be signed by a parent/guardian if a minor

My Child: _____, does/does NOT have my permission to return to play/practice.

Signed: _____ Date: _____

Parent/guardian signature

**If a Doctor's care was provided due to said injury, a signed medical release is required by the YSF before the youth may return to play.*

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