

NASSAU COUNTY YOUTH FOOTBALL LEAGUE

ACCIDENT REPORT

DATE: _____ TIME: _____ LOCATION: _____

NAME OF INJURED PERSON: _____ AGE: _____

ADDRESS: _____

NAME OF REPORTING MEMBER OF NCYFL: _____

INJURED PERSON IS A:

- | | |
|---|--------------------------------------|
| ☐ PLAYER | ☐ COACH |
| ☐ STAFF | ☐ CHEERLEADER |
| ☐ SPECTATOR | ☐ OFFICIAL |
| ☐ OTHER (<i>Specify</i>) | |

BRIEF DESCRIPTION OF ACCIDENT:

DESCRIBE NATURE OF MEDICAL ATTENTION, AND BY WHOM ADMINISTERED (IE: FIRST AID, PARAMEDIC, PRIVATE PHYSICIAN, EMERGENCY ROOM, ETC)

DATE REPORTED TO NCYFL: _____

NAME OF PERSON REPORTING