



# SUNY Cortland Recreational Sports Department

## SPORT CLUB INJURY REPORT

Name of injured party \_\_\_\_\_ ID # \_\_\_\_\_

Address and phone \_\_\_\_\_

Where (be specific) did injury occur? \_\_\_\_\_

When (date & time) did injury occur? \_\_\_\_\_

In what activity (be specific) was the party engaged when injury occurred? \_\_\_\_\_

What piece of equipment, if any, was involved in accident? \_\_\_\_\_

Were others injured? \_\_\_\_\_ yes \_\_\_\_\_ no

Name, addresses and phone numbers of others involved in the injury:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Was there supervision at time of injury? \_\_\_\_\_ yes \_\_\_\_\_ no

By Whom? \_\_\_\_\_

Was medical assistance summoned? \_\_\_\_\_ yes \_\_\_\_\_ no

Describe exactly how injury occurred (continue on back if necessary): \_\_\_\_\_

Indicate what body part was injured: \_\_\_\_\_

Specifically what type of injury was sustained? \_\_\_\_\_

Action taken by staff: \_\_\_\_\_

Names, addresses and phone numbers of witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Staff filling out report (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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