



Camrose Minor Baseball Association

Box 1033

Camrose AB. T4V-4E7

www.camroseball.com



Accident/Injury Report

****PLEASE PRINT****

Date/Time of Report: _____ **Report Prepared By:** _____

Athlete's Name: _____ **Team Name:** _____

Nature of Injury: _____

When & Where did Injury occur? (actual location) _____

Cause of the Injury? (describe what happened) _____

Did the coach or other person in charge witness the event? _____

Detail any First Aid provided & by whom: _____

Was the athlete sent to see his doctor or to a Hospital? _____

Additional Comments/Observations: _____

Coach's Name: _____

Coach's Signature: _____

TO BE COMPLETED & SUBMITTED TO CMBA PRESIDENT
president@camroseball.com - ON DATE OF ACCIDENT