Red Deer Minor Baseball Incident/Injury Tracking Report

Date:_____Team:_____

Injured Persons Name:_____DOB:_____

Address:_____

Phone#_____Alt Phone#_____

Parents Name:_____ Phone:_____

Address (if different from Above)_____

Incident Details:

Incident Time:_____ Coach_____

Field:_____

Incident Occurred:

A) On Primary Playing Field B) Adjacent to Playing Field

C) Off Ball Field Other:_____

Incident Occurred while participating in:

Challenger Rally Cap T-Ball Rally Cap 9U

11U A 11U AA

13U A 13U AA 13U AAA

15U A 15U AA 15U AAA

18U A 18U AA 18U AAA

Incident occurred During:

Tryout Practice Game Tournament Provincials

Other (Describe):_____

Position/Role of person(s) involved in incident

Batter	Base runner	Pitcher	Catcher	First Base	Second	Third
Short Stop	Left Field	Center Field	Right Field	Dugout	Umpire	Coach
Manager	Spectator	Volunteer	Other:_____			

Was First Aid Required:

Yes No

If Yes, What:_____

Was professional Medical Treatment required?

Yes No

If Yes, What:_____

Was the injured person(s) taken to the hospital?

Yes No

If yes, what method of transportation were they taken in?

Ambulance Car (by Whom?)_____

Description of Incident:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Prepared By/Position:_____

Phone #:_____

Please email completed report to info@reddeerminorbaseball.com