



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 #: _____