



INCIDENT/ ACCIDENT REPORT
~ SPORT CAMPS & CLINICS USE ONLY ~

**This report should be completed and sent to the Office of Risk Management and to Athletics Field House, Room 133, within 48 hours of the incident.
 (Risk Management is located in Salazar, Administration & Finance Suite)**

~ INJURED PARTY/ PERSON INFORMATION ~

Date of Incident:	Time of Incident:	Location:
Injured Party's Name (Last, First, M.I.):	Birth Date:	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Parent/ Guardian's Name (Last, First, M.I.):		Phone Number: ()
Mailing Address (Street, City, State, Zip):		Email Address:
Describe Incident/ Accident and Extent of Injury (Please include observations of weather and ground conditions, environment and injured party's apparel/ shoes):		
Describe Any First Aid Administered and Who Administered it, if Applicable:		

~ CAMP/ CLINIC INFORMATION ~

Name of Camp/ Clinic:	
Name of Camp/ Clinic's Coach:	
Injured Party's Instructor's Name:	
Name of Person Completing Form:	Title:
Email Address:	Phone Number: ()