

# Jefferson County Youth Football League

## Incident Report

Team:    Bears    Razorbacks    Raiders    Rams    Hurricanes    Spartans    Vipers

Name of Injured: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Summary of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: (Names & Phone #'s) \_\_\_\_\_

\_\_\_\_\_

Was immediate medical attention needed? Yes or No

Hospital/Facility injured was taken to: \_\_\_\_\_

How transported: \_\_\_\_\_

Name of adult released to: \_\_\_\_\_

Do you need to fill out a claim form for JCYFL's insurance as a secondary carrier?

YES

NO

Insurance Claim forms must be filled out within 30 days of the incident.

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
League President or Board Member Signature

\_\_\_\_\_  
Date