ASSOCIATION: _____ HEAD COACH: _____

SERIOUS INCIDENT REPORT

_____ (Squad) Completed by: _____

DATE REPORT COMPLETED	INCIDENT DATE	TYPE OF REPORT
		___ Initial ___ Follow-up

Individual's Name: _____(please print)

Date of Birth: _____ Female: _____ Male: _____

Address: _____
_____

Telephone Number: _____

Insurer: _____(Plan Information)
_____

Parent's Name: _____(if applicable)

Address (if different from above): _____
_____

Time of Accident	Place of Accident	Supervising Authority

Describe fully how injury occurred (please print):
_____
_____
_____
_____
_____

Was incident reported to Metro Rep? _____ Name _____

Was incident reported to Athletic Director? _____ Cheering Director? _____

Were parents notified of incident? _____ Did child require emergency medical assistance? _____

Was there proper supervision at the time of incident? _____

FOLLOW-UP INFORMATION (Completed by Association's Cheering or Athletic Director)

Extent of Injury: _____Broken Bone(s) _____Sprain_____First Aid Administered
_____No Injury _____Hospitalization

DISTRIBUTION:
Mail to: S. Cook, 9621 Hastings Mill Drive, Glen Allen VA 23060
Association Cheering or Athletic Director (original)
Commissioner
Metro Rep
Parent

METRO
F L
METROPOLITAN YOUTH
FOOTBALL LEAGUE