

**FASTPITCH SUPER SERIES OF AMERICA**  
**ACCIDENT REPORT**

DIRECTOR \_\_\_\_\_  
(Please print)

COMPLEX/FIELD \_\_\_\_\_

NAME OF INJURED PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State ZIP

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ CELL# (\_\_\_\_\_) \_\_\_\_\_

TEAM NAME \_\_\_\_\_

TEAM INSURANCE YES NO (Please circle one) \_\_\_\_\_  
Name of Insurance Company

DESCRIBE TYPE OF INJURY \_\_\_\_\_

DETAILS OF INJURY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS AN AMBULANCE CALLED YES NO (Please circle one)

INSURANCE COMPANY OF INJURED PLAYER  
\_\_\_\_\_

WITNESS (1) \_\_\_\_\_  
Printed Name Signature

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

WITNESS (2) \_\_\_\_\_  
Printed Name Signature

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COMPLETE THIS FORM AND INCLUDE IT WITH YOUR TOURNAMENT REPORT**