

**HERMISTON BASKETBALL CLUB
ACCIDENT/INCIDENT REPORT FORM**

Date of incident: _____ Time: _____ AM/PM

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Who was injured person?(circle one) Player Coach Fan

Team Name: _____ AAU Number: _____

Type of injury: _____

Details of incident: _____

Injury requires physician/hospital visit? Yes ___ No _____

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

Signature of injured party (or parent/guardian for minor) Date

No medical attention was desired and/or required.

Signature of injured party (or parent/guardian for minor) Date

For HYBA incidents: return this form to HYBA Director, within 24 hours of incident.

For AAU incidents: return this form to AAU registrar, Tracy Gammell, within 24 hours of incident.