



Injury / Tracking

League Name: Wylie Baseball Softball Association League ID: WBSA Incident Date:

Field Name/Location: Incident Time:

Injured Person's Name: Date of Birth: / / Age:

Address: Sex: Male Female

City: State ZIP: Home Phone: ( )

Parent's Name (If Player): Work Phone: ( )

Parents' Address (If Different): City

Incident occurred while participating in:

A.) Baseball Softball Other

B.) 4U 5U 6U 7U 8U 9U 10U 12U 14U 16U

C.) Tryout Practice Game Tournament Special Event

Travel to Travel from Other (Describe):

Position/Role of person(s) involved in incident:

D.) Batter Base Runner Pitcher Catcher First Base Second

Third Short Stop Left Field Center Field Right Field Dugout

Umpire Coach/Manager Spectator Volunteer Other:

Type of injury:

Was first aid required? Yes No If yes, what:

Was professional medical treatment required? Yes No If yes, what:

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field

- Base Path: Running Sliding
Hit by Ball: Pitched Thrown Batted
Collision with: Player or Structure
Grounds Defect
Other:

B.) Adjacent to Playing Field

- Seating Area
Parking Area

D.) Off Ball Field

- Travel:
Car or Bike or
Walking
League Activity
Other:

C.) Concession Area

- Volunteer Worker
Customer/Bystander

Please give a short description of incident:

Could this accident have been avoided? How:

Prepared By/Position:

Signature: Date: Phone Number: - -