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Spokane Youth Sports Association Accident/Incident/Injury Report

Report Date & Time: _____ Event/Sport: _____

Accident/Incident Date/Time: _____ Accident/Incident Location: _____

Description of accident/incident: _____

Witness: _____ Phone: _____ Email: _____

Witness: _____ Phone: _____ Email: _____

Complete Only if Reported to the Police: Report #: _____ Officer Name/Phone: _____

Information on Injured Person or Owner of Damaged Property

Name First: _____ Last: _____ M F DOB: _____

Home address: _____ City: _____ State: _____

EMAIL: _____ Phone: _____ Relationship w/SYSA: _____
(Staff, Coach/Volunteer, Parent, Player, none)

Describe nature if injury or property damage: _____

If applicable: Consulted Health Provider: Facility Name: _____

Specific Health Provider Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Reporting Details

Person completing report: _____ Position with SYSA: _____
(Staff, Coach, Volunteer, other)

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

Signature _____ Date _____

Submit this completed form immediately to SYSA Administration Staff/Office

800 N Hamilton #201, Spokane WA 99202

FAX: 509.534.0191 Email: phil@sysa.com