

LITTLE LEAGUE BASEBALL CANADA - Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Field name / Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male Female

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name (If player): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Address (If different): \_\_\_\_\_ City: \_\_\_\_\_

Incident occurred while participating in:

- A) Baseball Softball Challenger TAD
B) Challenger T-Ball Minor Major Intermediate (50/70) Junior Senior Big League
C) Tryout Practice Game Tournament Special Event
Travel to Travel from Other (describe): \_\_\_\_\_

Position/Role of person involved in incident:

- D) Batter Baserunner Pitcher Catcher First Second Third Short Stop Left Field Center Field Right Field Dugout Umpire Coach 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 B) Adjacent to Playing Field D) Off Ball Field
Base Path: Running or Sliding Seating area Travel
Hit by Ball: Pitch or Thrown or Batted Parking area Car or Bike
Collision with: Player or Structure C) Concession Area Walking
Grounds defect Volunteer Worker League activity
Other: \_\_\_\_\_ Customer/bystander Other: \_\_\_\_\_

Please give a short description of the incident: \_\_\_\_\_

\_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League Baseball Canada). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs obtain as much information as possible.

Prepared By/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_