

SOFTBALL ACCIDENT REPORT

DATE _____

INJURED PERSON

Name _____ Softball BC Number: _____

Address _____

Phone _____

Type of injury _____

DESCRIPTION OF ACCIDENT

Teams 1) _____ 2) _____

League _____

Slo-pitch [] SR. Fast pitch [] Minor []

District _____

Location _____

Comments:

WITNESS

Name _____

Address _____

Phone _____

PERSON COMPLETING THIS FORM

Name _____

Address _____

Phone _____

Position _____

RETURN FORM TO:

SOFTBALL B.C.
Box 45570, Sunnyside Mall
Surrey, B.C.
V4A 9N3



THIS IS NOT AN INSURANCE CLAIM FORM

PLEASE OBTAIN CLAIM FORMS FROM YOUR DISTRICT COORDINATOR.