



MRYSL Incident Report

Purpose: To prevent recurrence, not place blame.

Date: _____ Time: _____

Injured Party: _____ Age: _____ Gender: _____

Location of Incident: _____

Coach: _____ Team Involved: _____

Type of Incident: _____ Injury: _____ Conduct: _____

[if injury required more than first aid, a CYSA Incident Report must also be completed and submitted to the MRYSL office]

Describe what happened: [attach more pages, if necessary]

Witnesses: Name and Phone #:

_____	_____
_____	_____
_____	_____

What action was taken? [attach more pages if needed]

Signature of CD or Rec Chair: _____

Signature of injured party: _____

Signature of the accused: _____