

**FORM I: INJURY/INCIDENT REPORT**



Parish/School: \_\_\_\_\_

Name of injured participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Injury/Incident occurred:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

Name of activity: \_\_\_\_\_

Name and title of Event Coordinator (Please print): \_\_\_\_\_

**Nature of injury:** (Please fully indicate what part of body was injured, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What happened?** (Be specific in all details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was a doctor seen?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

This form must be sent via fax (302-658-7617) or emailed (catholicyouth@cdow.org) within 30 days of the injury. It is the responsibility of the head coach or event coordinator to contact the CYM Office and confirm receipt of the report. If the form is not submitted in 30 days, all claims will be denied.

Original – Keep on file at parish / Copy – Pastor/Principal / Copy - CYM if event is CYM sponsored