



CYC CONFIDENTIAL

CYC INCIDENT REPORT

This is a CONFIDENTIAL REPORT. *No copies of this report shall be furnished to anyone without permission from the CYC Board.*

WHEN AND WHERE DID THIS INCIDENT OCCUR?

Date of Incident		Time of Incident	
Division (Grade Level)			
Gym (Location)			

WHO IS REPORTING THIS INCIDENT (Point of Contact)?

League Director Name	
League Director Contact Info (Cell and/or Email)	

WHO WAS INVOLVED IN INCIDENT? (Please list all parties involved)

Name	Jersey Number	Contact Info (Cell and/or Email)	Relationship (player, coach, official, parent)

WHAT CAUSED THIS INCIDENT TO OCCUR? *(Describe the events that took place in as much detail as possible. Be specific as possible. Only report what YOU saw and/or heard). Use back of form if necessary.*

IF INCIDENT INVOLVES A PLAYER AND A MINOR INJURY OCCURED?

Has player been evaluated and deemed OK to return to play? YES / NO (circle one)

IF YES – A PARENT or GUARDIAN MUST SIGN BELOW IN ORDER FOR PLAYER TO RETURN TO A GAME IN PROGRESS

IF NO – and MEDICAL TREATMENT WAS NEEDED? (Please explain in box above or on back of form)

RETURN TO PLAY AUTHORIZATION: Must be signed ONLY by Parent or Guardian to return to a game in progress

Print Name of Parent / Guardian	Parent / Guardian Signature	Date