



# Babe Ruth Baseball

Pacific Northwest Region



## RECORD OF INJURY and/or INCIDENT

*Tournament Director or Tournament Commissioner to complete this form and fax it immediately to the Regional Commissioner at: (604) 597-2291.*

Regional Tournament \_\_\_\_\_

Tournament Director's Name \_\_\_\_\_

Name of Injured Person \_\_\_\_\_

Birth Date of Injured Person \_\_\_\_\_ Phone No: \_\_\_\_\_

Address of Injured person \_\_\_\_\_

Indicate Participation at Tournament:  Player  Coach  Umpire  Other

Date of Accident/Incident \_\_\_\_\_ Time of Accident/Incident \_\_\_\_\_

Injury occurred during:  Game  Practice  Other:

Fully describe nature of the injury:

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

How did injury occur:

Hit by Ball  Collision  Non-Contact Injury

Fall  Other: \_\_\_\_\_

Fully describe exact location where injury occurred, what activity was taking place etc.

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

Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Immediately fax this form to the Regional Commissioner - Fax #: (604) 597-2291