



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