

GALVA YOUTH SPORTS ASSOCIATION

Incident Report

Program/League _____ Incident Date/Time _____ Site _____

Reported by _____ Signature _____ Date _____

Date Report Received by GYSA board _____

Names and Positions of Parties Involved

Description of Incident (in detail; facts only. Include who/what/where/how, etc):

Please indicate if any medical attention was required:

Witness 1 Name _____ Signature _____ Date _____

Witness 1 Address _____ Phone _____

Witness 2 Name _____ Signature _____ Date _____

Witness 2 Address _____ Phone _____

Date Report given to Umpire/Referee/Sports Commissioner: _____ (if applicable)

Board Action Taken
