

# Accident report 2023

## Injured information

Région :	League :	Team :
Name :	Age :	
First Name :	Sexe :	
Adress :	Name of parent (if minor):	
City :	Téléphone (home.) :	
Postal Code:	Téléphone (cell.) :	

## Activity

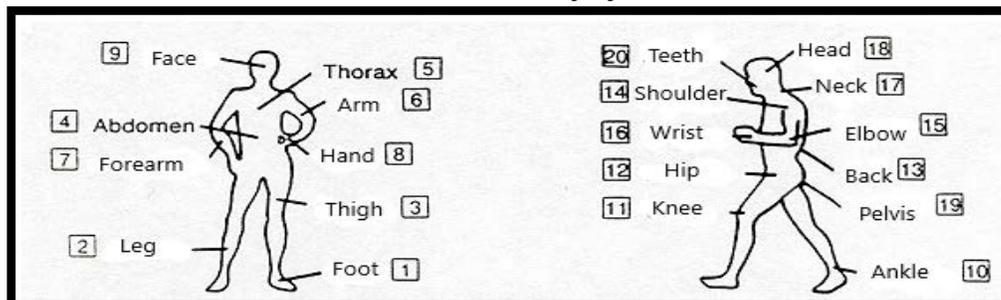
Moment of injury	Division						Class		
Training	<input type="checkbox"/>	U7	<input type="checkbox"/>	U13	<input type="checkbox"/>	U19	<input type="checkbox"/>	AAA <input type="checkbox"/>	A <input type="checkbox"/>
Exhibition	<input type="checkbox"/>	U9	<input type="checkbox"/>	U15	<input type="checkbox"/>	U23	<input type="checkbox"/>	AA <input type="checkbox"/>	B <input type="checkbox"/>
Competition	<input type="checkbox"/>	U11	<input type="checkbox"/>	U17	<input type="checkbox"/>	Senior	<input type="checkbox"/>		Other <input type="checkbox"/>

## Description of the accident

Date (dd/mm/yy):	Time :	Place of the accident :
Witness :		
Description of the accident :		

## Description of the injury

### Location of the injury



Nature of the injury	Type of injury
Commotion <input type="checkbox"/>	New injury <input type="checkbox"/>
Contusion <input type="checkbox"/>	Recurent injury <input type="checkbox"/>
Cut <input type="checkbox"/>	Aggravation <input type="checkbox"/>
Dislocation <input type="checkbox"/>	Comments :
Autre (spécifiez) :	

## First aid

First aid : Yes <input type="checkbox"/>	Referred : Home <input type="checkbox"/>	If yes, by whom : _____
No <input type="checkbox"/>	Clinic <input type="checkbox"/>	Title : _____
	Hospital <input type="checkbox"/>	

## Person who completed the report:

Name :	Title :
Phone number	Cellphone:
Signature :	Date :



**RETURN WITHIN 30 DAYS AFTER THE ACCIDENT TO :**

Softball Québec  
7665, boulevard Lacordaire  
Montréal (Québec) H1S 2A7  
Email: smanfred@softballquebec.com