

# For MYAA Baseball Use Only

## Activities/Reporting

## A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

### Incident occurred while participating in:

- A.)  Baseball  Softball  Challenger  TAD
- B.)  Challenger  T-Ball  Minor  Major  Intermediate (50/70)  
 Junior  Senior  Big League
- C.)  Tryout  Practice  Game  Tournament  Special Event  
 Travel to  Travel from  Other (Describe): \_\_\_\_\_

### Position/Role of person(s) involved in incident:

- D.)  Batter  Baserunner  Pitcher  Catcher  First Base  Second  
 Third  Short Stop  Left Field  Center Field  Right Field  Dugout  
 Umpire  Coach/Manager  Spectator  Volunteer  Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Was first aid required?  Yes  No If yes, what: \_\_\_\_\_

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_  
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

### Type of incident and location:

- A.) On Primary Playing Field  
 Base Path:  Running *or*  Sliding  
 Hit by Ball:  Pitched *or*  Thrown *or*  Batted  
 Collision with:  Player *or*  Structure  
 Grounds Defect  
 Other: \_\_\_\_\_
- B.) Adjacent to Playing Field  
 Seating Area  
 Parking Area  
**C.)** Concession Area  
 Volunteer Worker  
 Customer/Bystander
- D.) Off Ball Field  
 Travel:  
 Car *or*  Bike *or*  
 Walking  
 League Activity  
 Other: \_\_\_\_\_

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

Please forward this form and all supporting documentation to [myaabaseball@myaabaseball.com](mailto:myaabaseball@myaabaseball.com).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_