



**ECRHA**  
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*EDUCATION DEDICATION MOTIVATION*

**ECRHA ACCIDENT REPORT**

Event Facility: \_\_\_\_\_ Event Location: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ (am/pm)

Name of Injured: \_\_\_\_\_ Team of Injured Participant: \_\_\_\_\_

Game: \_\_\_\_\_ vs. \_\_\_\_\_ Start of Game Time: \_\_\_\_\_

Permanent Address of Injured: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Accident (by League Event Director): \_\_\_\_\_

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

Description of Injury: \_\_\_\_\_

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

When/Did player return to play during the weekend event? \_\_\_\_\_

Type of aid given: \_\_\_\_\_ Administered by: \_\_\_\_\_

Was injured person taken to the hospital? (Y / N). If yes, what hospital? \_\_\_\_\_

Hospital Diagnosis: \_\_\_\_\_

Referee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Referee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

EMT Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Coach/Team Rep name: \_\_\_\_\_ Signature: \_\_\_\_\_

Event Director Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Signatures indicate that the individuals have read and/or prepared the above report and agrees with its content.*