



Runyon Sports Complex
400 Stanton Ave | Pueblo, CO | 81003
Ph: (719) 583-6195
website: <http://www.runyonfield.org>

Athlete Accident Report Form

Team: _____ Date of report: _____

Athlete: _____ Phone Number: _____

Address: _____ Time of accident: _____ am /pm

Male _____ Female _____ Age _____

Place of accident: _____

Nature of injury: _____

How did the injury happen?

Name of person in charge (coach): _____

Was he/she present at scene of accident? Yes _____ No _____

Was first aid given? Yes _____ No _____

What was done? _____

Parent/guardian notified? Yes _____ No _____

Witness to accident _____

Remarks: _____

Field Director: _____