

Nassau – Suffolk Football & Cheerleading Inc.
Accident Report

The person in each league that is responsible for Insurance MUST fill out this form immediately and return it to the President of Football or Cheerleading. For any accident involving participants, spectators, coaches, referees, League officials – IF IN DOUBT- FILL IT OUT.

In addition the insurance company accident report should also be filled out by the League and the person claiming a loss and sent to the Insurance Company as soon as possible.

Name of League (Town) _____ Football – Cheerleading

Name of Injured person _____ Date of Birth _____
Sex – M F Address _____

Phone: Home () _____ Work () _____

Date of Accident: _____ Time: _____

Weather conditions (if applicable) _____

Location of Accident: _____

Type of function being conducted: _____

Description of Accident:

Part of body injured: _____

Was medical attention required on site? Y N If yes give details:

Did injured go to doctors at a later time? Y N

Person filling out form:

Print name _____ Date: _____

Signature _____