

**EDISON TOWNSHIP YOUTH BASKETBALL**  
**P.O. BOX 421, Edison, NJ 08818 c/o Treasurer**  
**732-549-2221 [www.Edisontyb.org](http://www.Edisontyb.org)**  
**Accident/Injury Report Form**

Date of Injury: \_\_\_\_\_ Place of Injury: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

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

Association with Program: \_\_\_\_\_  
(e.g., spectator, coach, athlete, official)

Location/Description of Injury: \_\_\_\_\_

Description of Circumstances: \_\_\_\_\_

Action Taken: (check ALL that apply)

\_\_\_\_\_ a. none required

\_\_\_\_\_ b. injured refused treatment

\_\_\_\_\_ c. parent(s)/guardian called at \_\_\_\_\_ am/pm Caller: \_\_\_\_\_

\_\_\_\_\_ d. first aid given by: \_\_\_\_\_

Describe first aid: \_\_\_\_\_

\_\_\_\_\_ e. ambulance called at \_\_\_\_\_ am/pm Caller: \_\_\_\_\_

\_\_\_\_\_ f. injured taken to: \_\_\_\_\_

via: \_\_\_\_\_

\_\_\_\_\_ g. others notified: \_\_\_\_\_ at \_\_\_\_\_ am/pm

Caller: \_\_\_\_\_

Injured has medical insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and address of Insurance Carrier \_\_\_\_\_

\_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Date of Report: \_\_\_\_\_ Person Completing Report: \_\_\_\_\_