## **OAKVILLE SOCCER CLUB**ADULT HOUSE LEAGUE INCIDENT & INJURY REPORT



Date: Time: Location of Incident/Injury:				
Type of Incident: □ Injury □ Altercation (Physical or Verbal) □ Theft □ Vandalism □ Other:				
Name:	Date of Birth:		League:	
Address:	City:		Postal:	
	Phone:			
Emergency Contact:	Phone:		Contacted: ☐ Yes ☐No	
Witness(es) / Other parties Involved – Name:	/ Other parties Involved – Name: Phone:			
Name: Pho		Phone:	Phone:	
Describe the incident in detail:				
Was First Aid offered: ☐ Yes ☐ No				
Was First Aid Administered: □ Yes □No	If yes, by whom:			
Describe treatment:				
Was 911 Called: □ Yes □No				
If medical treatment was declined, please have injured party sign here:				
If emergency services responds – Badge/Truck Number:				
Injured party released to: ☐ Self ☐ Parent ☐ EMS ☐ Other				
If released to EMS, which hospital was the injured party being taken to:				
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Report Completed By:	Date:		Time:	
Other Parties Involved:				
To be completed by Senior Staff -				
Review Date:				
Follow up required?:   No				
Follow up done by: Date:				
Follow up details:				
Incident reported to media relations? (if applicable): $\square$ Y $\square$ N				
Executive Director Signature (If applicable):				

This form is to be completed by the team official/staff member at the time of incident and must be submitted to the Oakville Soccer Club office within 24 hours. All injuries and accidents are to be taken seriously, and should be attended to by a medical professional immediately. If additional comments are required, please attach them to this form. Forms can be sent via email to info@oakvillesoccer.ca or dropped off in person at the Pine Glen Soccer Centre, 1520 Pine Glen Road, Oakville, ON, L6M 4P4.