



**PACIFIC COAST FOOTBALL/CHEERLEADING
CONFERENCE, INC.
INCIDENT REPORT**

Email: PCCCOS418@gmail.com

Revised 03/15/2016

INSTRUCTIONS:

This report **MUST** be completed and e-mailed to the Conference **ANY TIME** a player/cheerleader is injured on the practice field, game field, or at any Association function, however minor the injury may seem. It is the responsibility of the team/squad **General Manager** to insure that this form is **completely filled out** and **e-mailed** to the **e-mail address** listed above. You may use the fill-in format, and email it to the PCC directly from your tablet, mobile phone, or laptop; from the location of the incident.

PLAYER/CHEERLEADER INFORMATION: (Please Print Clearly)

Name:		Player Number:	Participants age:
Association Name:		Team Name:	
Date of Injury:		Division:	
Time of injury:		Head Coaches Name:	

PARENTS INFORMATION: (Please Print Clearly)

Parents Name:		Home #:	
Parents E-mail:		Cell #:	
Parents Mailing Address:		Work #:	
City:		Zip code:	

INFORMATION REGARDING INJURY: (Please Print Clearly)

Injury:				
Description of incident:				
Actions taken:				
What was the activity?	<input type="checkbox"/> Practice	<input type="checkbox"/> Game	<input type="checkbox"/> Association Activity	
Was the participant?	<input type="checkbox"/> Transported to hospital by ambulance?	<input type="checkbox"/> Transported to hospital by parent?	<input type="checkbox"/> Released to parent?	<input type="checkbox"/> Returned to activity?
Name of person filling out report:			What is your Position with PCC:	

CONFERENCE USE ONLY:

Date Insurance forms sent to Parents:		Notes:	
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