



Rodeo Pony Baseball

470 Parker Ave
Rodeo, CA 94572
www.RodeoBaseball.org

Rodeo Pony Baseball Accident/Injury Report Form

(Please print all information in the blanks provided and sign where indicated)

Date: ___/___/___ Time: _____ Division: _____

Name of Person filling out Report: _____

Phone: _____ E-Mail: _____

Location/Address of Accident: _____

Injured Party: _____

Relationship to OPB (Player, Parent, Umpire, etc) : _____

Parent/Guardian Name : _____ Phone: _____

Address of Injured Party: _____

Describe how this accident/injury occurred: _____

Actions taken on site (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> First Aid Administered | <input type="checkbox"/> Taken to Hospital | <input type="checkbox"/> Injured went home |
| <input type="checkbox"/> Injured continued playing | <input type="checkbox"/> Injured visited physician | <input type="checkbox"/> Other, Please explain |
- _____

Signature of Person Preparing Report

PLEASE NOTE: Please ensure that this report is promptly submitted to the Board following the accident. Please email the completed form to rodeobaseball@gmail.com, and also notify the division commissioner associated with the child or adult involved. Commissioner emails can be found on our Website under the "About Us" Tab.