FORM I: INJURY/INCIDENT REPORT DIOCESE OF WILMINGTON

Parish/School:					
Name of injured po	articipant:				
Address:		City:	State:	Zip:	
Phone Number: (_)	Date of Birth:	Gro	ade:	
Injury/Incident occ	curred:				
Date:	Time:				
Location:					
Nature of activity:					
Activity Sponsor:	·	_ Parish Event House" League/Ca		Event	_
Name and title of	person supervising	this event:			
Was this person a v	witness to the injury	? Yes No			
Nature of injury: (P	lease fully indicate	what part of body w	vas injured, et	tc.):	
What happened?	(Be specific in all de	etails):			
Was a doctor seen	? Yes No	If yes, date	e:		
Name:		Phone#	t:		

This form is invalid if not submitted to CYM within thirty days of injury. This form may be faxed to 302-658-7617 or emailed to catholicyouth@cdow.org. The adult leader responsible for this even (coach of injured player, youth minister, volunteer coordinator, etc.) must submit the form and confirm its receipt by CYM.

Original – Keep on file at parish / Copy – Pastor/Principal / Copy - CYM if event is CYM sponsored