



**BURNSVILLE ATHLETIC CLUB
ON-SITE INCIDENT REPORT**

Name: _____ **Date of Injury:** _____ BAC Program: _____
(injured player)

Address: _____ **Telephone #:** _____

Nature and extent of Injury: _____

Describe the first aid given, including name(s) of attendee(s): _____

Disposition: to Hospital___ to Home___ to Physician___ Other_____

Was protective clothing worn? Yes _____ No _____

Explanation: _____

Condition of playing surface: _____

Names and addresses of witnesses:

| | | |
|-------|---------|-------|
| _____ | _____ | _____ |
| Name | Address | Phone |
| _____ | _____ | _____ |
| Name | Address | Phone |
| _____ | _____ | _____ |
| Name | Address | Phone |

Other Comments: _____

Signed Date Title/Position

**Forward to: Marcia Svenby
BAC
100 Civic Center Parkway
Burnsville, MN 55337
952- 895-4425; 952-707-6308 (fax)**