



## JVA Injury / Incident Report

Complete this form for all injuries. If serious injury, EMS, police response, or hospitalization occurs, email completed form to [members@jvavolleyball.org](mailto:members@jvavolleyball.org) within 24 hours. Questions? Call 630-614-1380.

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### 1. Nature of Incident

Bodily Injury  Concussion  Non-Contact  Property Damage  Other: \_\_\_\_\_

### 2. Injured / Involved Person Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Club: \_\_\_\_\_ Team: \_\_\_\_\_

DOB: \_\_ / \_\_ / \_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name (if minor): \_\_\_\_\_ Phone: \_\_\_\_\_

Role at Event:  Participant  Coach  Official  Volunteer  Spectator  Staff  
 Other: \_\_\_\_\_

### 3. Time & Place of Incident

Date: \_\_ / \_\_ / \_\_ Time: \_\_\_\_\_  AM  PM

Event Name: \_\_\_\_\_

Sport: Volleyball  Indoor  Outdoor

Sanctioned By: JVA

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Court / Area Location: \_\_\_\_\_ (Court #, lobby, parking lot, etc.)



**7. Witness Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Role:  Witness  Athletic Trainer  Other: \_\_\_\_\_

**8. Parent / Guardian Notification (If Minor)**

Was parent/guardian notified?  Yes  No

Time Notified: \_\_\_\_\_

Method:  In Person  Phone  Text  Other: \_\_\_\_\_

Notified By: \_\_\_\_\_

**9. Report Completed By**

Name: \_\_\_\_\_

Title / Role: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time Completed: \_\_\_\_\_  AM  PM