UNIVERSITY OF ROCHESTER
CLUB SPORTS

APPENDIX Y

CLUB SPORTS

ACCIDENT / INJURY FORM

Club Sport

Name if Injured Person

Date and Time of Accident

Place of Accident

Type of injury

Cause of accident

Name of Supervisor of Activity

Was Injured Person Sent to University Health Services?
   NO ________ YES ________ TIME ______

Was University Security Called?
   NO ________ YES ________ TIME ______

Was Ambulance Called?
   NO ________ YES ________ TIME ______
   TIME DEPARTED __________

Witnesses to Accident ______________________ PHONE __________
   ______________________ PHONE __________

ADDITIONAL COMMENTS


NAME OF PERSON SUBMITTING REPORT PHONE

TITLE

This form must be submitted within twenty four hours of the accident to the Club Sport Advisor.