UNIVERSITY OF ROCHESTER  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.