



# Racquetball Incident Report

Complete for all incidents and report immediately. Please print all information.

## Incident Information

Date of Incident:	Day of Week:	Time of Incident: _____AM _____PM
Location Incident Occurred:		Event Name:
<b>Nature of Incident (circle One):</b> Medical Emergency      Minor Injury      Other		Report Prepared by:
		Position:
		Date:

## Injured Personal Information

Name: <small>First</small> _____ <small>Last</small> _____		Phone (H) _____ (W) _____	
Address: <small>Street</small> _____		<small>City</small> _____	<small>State</small> _____ <small>Zip Code</small> _____
Age: _____	Gender:    M    F	Family contact (name and phone):	
Member Number: _____	Membership Expiration: _____		

## Incident Data

Description of Injury:		
Bleeding injury:    YES    NO	No visible injury, but complaint of pain:    YES    NO	
Other Visible Injury: YES    NO	If eye injury: Wearing <b>USAR approved</b> <sup>1</sup> eyeguards: YES    NO <u>Eyeguard information:</u> Make: _____ Model: _____	
<b>Describe exact injury sustained:</b>	<b>Describe first aid administered:</b>	
Player refused medical attention:    YES    NO	Player returned to activity:    YES    NO	
<b>Player Refusal Signature:</b> I, _____, hereby refuse any medical attention for this incident. <small>(print player's name above)</small> <b>X</b> _____ Date: _____		
Hospital or EMS Notified:    YES    NO	Person Placing call:	
Time of Call: _____AM _____PM	Time of Arrival: _____AM _____PM	Time of Departure: _____AM _____PM
Name of Emergency Facility:	EMS Attendant's Name:	

<sup>1</sup> USAR approved eye guard requirements can be found at [www.usaracquetball.com](http://www.usaracquetball.com).

**Description of Incident:**

--

**Witness Information**

	<small>First</small>	<small>Last</small>		Phone: (H)	(W)
Name:					
	<small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small>
Address:					
<b>Description of Incident by Witness:</b>					
Signature of Witness:					

	<small>First</small>	<small>Last</small>		Phone: (H)	(W)
Name:					
	<small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small>
Address:					
<b>Description of Incident by Witness:</b>					
Signature of Witness:					

**Facility Information**

Facility name:		Phone:
Facility location:		
Weather conditions at time of incident:	Number of Staff on Duty:	Name(s) of staff involved in incident:
Playing Surface conditions at time of incident:		

## Checklist:

*To be completed AFTER you have handled the incident and collected all pertinent information.*

### For Tournament Director:

- If you have questions, contact USA Racquetball at (719) 635-5396 or [communications@usaracquetball.com](mailto:communications@usaracquetball.com)
- Make a copy of this form for your records.
- Send this form to USA Racquetball:  
**USA Racquetball Claims**  
**1661 Mesa Ave**  
**Colorado Springs, CO 80906**  
[communications@usaracquetball.com](mailto:communications@usaracquetball.com)

### For USA Racquetball:

- Date report received: \_\_\_\_\_
- Verify event was sanctioned.
- Verify member was current through end of tournament.
- Fill out member claim letter and start claim form.
- Make a copy for files.
- Send claim form to member. Date sent: \_\_\_\_\_

### Notes: