



Mountain View Athletic Association (MVAA) INCIDENT REPORTING FORM

Date of incident: _____ **Time:** _____ **Location:** _____

Name and contact info of person reporting incident:

Name: _____

Phone number: _____ **Email address:** _____

Name of team's head coach: _____

Sport: _____

Contact info of child/parents:

Name of child: _____

Phone number: _____ **Email address:** _____

Briefly describe what happened:

What action was taken while child was on site:

Witnesses/contact info:

Was 911 called? Yes ___ **No** ___

Have parents been notified of incident? Yes ___ **No** ___

Has sport director been notified of incident? Yes ___ **No** ___

Once Complete, please submit to applicable Sports Director. Sports Director, please submit to Executive Board President & Secretary