

# MBS ACCIDENT REPORT FORM

Date of Incident:

Name of Injured:

Date of Birth:

Address:

Division and Team Name:

Location of Injury:

Description of Injury:

Was first aid administered?

If so, by whom?

Describe the care given.

Name of Parent/Guardian:

Phone:

Parent/Guardian Signature:

Date:

Manager's Name:

Phone:

Manager's Signature:

Date:

This form must be completed and forwarded to the League President, Vice President of Baseball or Softball, Safety Officer and Player Agent. This form will be kept on file in case a claim is made to Babe Ruth for reimbursement of medical expenses. Claims should be made within 60 days of accident. Primary coverage is personal policies and Babe Ruth is secondary.