



ATHLETIC ACCIDENT CLAIM FORM

(Please Print)

Last Name	First Name	Birthdate
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Mailing Address	Postal Code
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Name of Parent	Home Phone	Business Phone
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Date of Accident: _____ Location: _____

Team: _____ Division: _____

Attending Physician or Dentist: _____ Hosp # _____

Describe in full how the accident happened:

Coaches Name: _____

Phone: (Home) _____ (Business) _____

Coaches/Manager Signature: _____

Witness Signature: _____

INSURANCE CLAIM FORMS CAN BE PICKED UP FROM THE S.M.S.L. OFFICE TO BE SUBMITTED TO SASKATOON MINOR SOFTBALL WITHIN 7 DAYS OF THE ACCIDENT