Crested Butte Parks & Recreation
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Crested Butte, CO
USA
81224
Phone: 970-349-5338
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www.townofcrestedbutte.com

CRESTED BUTTE
Parks & Recreation

Athlete Incident Report

To be Completed Immediately!!
The coach/manager who is supervising and/or was witness to the athlete at the time of injury should complete this form. The report should be submitted immediately to the Parks & Recreation Office. You may complete this form online and submit via email. To do so, fully complete all fields in the form, then save to your computer. Once saved, attach and email to recreation@crestedbutte-co.gov.

Should other pertinent facts develop, notify the Parks & Recreation Office as soon as possible.

Completed By:

email:

Phone:

Athlete's Name: **Age of Athlete**

Location (field, rink, city, etc.)

Date of Incident **Approximate Time of Incident:**

Nature of Injury:

How did injury occur?

Was a parent/guardian notified? ◯ Yes ◯ No

Disposition of Athlete:
(Returned to play, released to parents, taken to hospital)

Please list other witnesses including contact information.

Additional Comments

Date

I am signing this document by typing my name: