

Little League Baseball Accident Notification Form

Name of Injured Person / Claimant _____

Name of Parent / Guardian, if Claimant is a Minor _____

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED

- 01 1ST
- 02 2ND
- 03 3RD
- 04 BATTER
- 05 BENCH
- 06 BULL PEN
- 07 CATCHER
- 08 COACH
- 09 COACHING BOX
- 10 DUGOUT
- 11 MANAGER
- 12 ON DECK
- 13 OUTFIELD
- 14 PITCHER
- 15 RUNNER
- 16 SCOREKEEPER
- 17 SHORTSTOP
- 18 TO/FROM GAME
- 19 UMPIRE
- 20 OTHER
- 21 UNKNOWN
- 22 WARMING UP

INJURY

- 01 ABRASION
- 02 BITES
- 03 CONCUSSION
- 04 CONTUSION
- 05 DENTAL
- 06 DISLOCATION
- 07 DISMEMBERMENT
- 08 EPIPHYSES
- 09 FATALITY
- 10 FRACTURE
- 11 HEMATOMA
- 12 HEMORRHAGE
- 13 LACERATION
- 14 PUNCTURE
- 15 REPTURE
- 16 SPRAIN
- 17 SUNSTROKE
- 18 OTHER
- 19 UNKNOWN
- 20 PARALYSIS / PARAPLEGIC

PART OF BODY

- 01 ABDOMEN
- 02 ANKLE
- 03 ARM
- 04 BACK
- 06 CHEST
- 08 EAR
- 07 ELBOW
- 08 EYE
- 09 FACE
- 10 FATALITY
- 11 FOOT
- 12 HAND
- 13 HEAD
- 14 HIP
- 15 KNEE
- 16 LEG
- 17 LIPS
- 18 MOUTH
- 19 NECK
- 20 NOSE
- 21 SHOULDER
- 22 SIDE
- 23 TEETH
- 24 TESTICLE
- 25 WRIST
- 26 UNKNOWN
- 27 FINGER

CAUSE OF INJURY

- 01 BATTED BALL
- 02 BATTING
- 03 CATCHING
- 04 COLLIDING
- 05 COLLIDING WITH FENCE
- 06 FALLING
- 07 HIT BY BAT
- 08 HORSEPLAY
- 09 PITCHED BALL
- 10 RUNNING
- 11 SHARP OBJECT
- 12 SLIDING
- 13 TAGGING
- 14 THROWING
- 15 THROWN BALL
- 16 OTHER
- 17 UNKNOWN

Date of Accident _____ Time of Accident _____ Type of Injury _____
 AM PM

Describe exactly how accident happened, including playing position at the time of accident:

Check applicable response in each column:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (5-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (5-8) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> (SPECIAL GAME(S)) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (7-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> JUNIOR (13-14) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> SENIOR (14-18) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> BIG LEAGUE (18-18) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe): | |

Date _____ League Official Signature _____