

### FORM I: INJURY/INCIDENT REPORT DIOCESE OF WILMINGTON

Parish/School: \_\_\_\_\_

Name of injured participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**Injury/Incident occurred:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Nature of activity: \_\_\_\_\_

Activity Sponsor: CYM Sports \_\_\_\_\_ Parish Event \_\_\_\_\_ Diocesan Event \_\_\_\_\_  
Parish/School "In House" League/Camps \_\_\_\_\_

Name and title of person supervising this event: \_\_\_\_\_

Was this person a witness to the injury? Yes \_\_\_\_\_ No \_\_\_\_\_

**Nature of injury:** (Please fully indicate what part of body was injured, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What happened?** (Be specific in all details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was a doctor seen?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

This form is invalid if not submitted to CYM within thirty days of injury. This form may be faxed to 302-658-7617 or emailed to [catholicyouth@cdow.org](mailto:catholicyouth@cdow.org). The adult leader responsible for this even (coach of injured player, youth minister, volunteer coordinator, etc.) must submit the form and confirm its receipt by CYM.

Original – Keep on file at parish / Copy – Pastor/Principal / Copy - CYM if event is CYM sponsored