



Sports Clubs Accident Report

Injured Athlete Information

Name: _____ Address: _____

DOB: __ / __ / __ M / F _____

Class Level: Undergrad / Grad / Other _____

Club Team Name: _____

Background Information

Date: __ / __ / __ Time: ___ : ___ am / pm ATC @ scene: _____

Location: RIMAC / Main Gym / Warren / Muir First Aid Started: Yes / No

Accidental Description

To the best of your ability, describe in detail how the accident/injury occurred, include any factors (emotional, physical, environmental) which may have contributed to the injury:

Injury Description

To the best of your ability, describe the nature of the injury:

To the best of your ability, describe what first aid was rendered:

At any time during this accident were you exposed to any bodily fluids (blood, vomit, etc.)?

YES/ NO If yes, what was the fluid _____

If accident occurred on campus, was UCSD Police called for support? Yes / No

If Yes, by whom? _____ Time: ___ : ___ am / pm Time Arrived: ___ : ___ am / pm

Was ambulatory support called for? Yes / No

If yes, who was called? _____

By whom? _____ Time: _____ Time Arrived: _____

Was injured person taken to a Medical Treatment Center? Yes / No

If Yes, by whom? _____ Where? _____

Person filling out form can be one witness	
Witness Name _____	Witness Name _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Zip _____ Phone _____	Zip _____ Phone _____

Person submitting this report: _____

Address _____

City _____ State _____ Zip _____

Phone _____

The specific risks vary from one activity or sport to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains and embarrassment; 2) major injuries such as joint or back injuries, broken bones, heart attacks, head injuries, and psychological trauma; 3) catastrophic injuries including paralysis and death.

I acknowledge that I have been informed of these risks involved in my decision, and I hereby release the employees of UCSD from the liability for all conditions and adverse effects and from any claim arising from or associated with my condition, which may result from my refusal of evaluation, treatment, and/or recommendations. I have read and understand the terms of this release, and have signed it voluntarily. I agree that this release shall be binding on my heirs, legal representatives, and assigns.

Participant Signature: _____

I have signed this release on _____, and at _____ am/pm
(Date) (Time)

SUBMIT THIS FORM TO AREA DIRECTOR AS SOON AS POSSIBLE