

**BOROUGH OF ROCKAWAY RECREATION
ACCIDENT REPORT**

Name of Injured Person: _____ Rec. Card #: _____

Address: _____

Parents/Guardians: _____ Phone: _____

Sport or Activity: _____

Accident Information:

Date: _____ Time: _____ Place: _____

Nature of Injury: _____

Coach/Advisor Present: _____

Witness to Accident (Name and Address): _____

Give a brief description of what occurred, including first aid that may have been applied at the scene of the accident/injury: _____

Signature of Coach/Advisor: _____

Printed Name of Coach/Advisor: _____

Recreation Director Signature: _____

This form must be delivered to the Recreation Department at Municipal Building within 48 hours of the accident. DO NOT DELAY REPORTING. Insurance forms will be sent to injured party.