



ACCIDENT REPORT FORM

1. AREA NAME: _____
2. PLAYER NAME: _____
3. ADDRESS: _____
4. CITY, STATE, ZIP: _____
5. DIVISION: (circle one) *FLAG* *SQUIRT* *P/W* *J-V* *VAR* *SEN*
6. DATE OF INJURY: _____
7. PLACE OF INJURY: _____
8. HOW INJURY OCCURED: _____

9. NAME OF HOSPITAL: _____
10. HOW TRANSPORTED: _____
11. SIGNATURE OF AREA DIRECTOR: _____
12. OTHER INSURANCE AVAILABLE? YES NO
13. IF #12 YES, NAME OF INSURANCE COMPANY _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY.

When using this form, the parent/guardian/coach of the player must fill out all the information requested, and then give completed form to the Area Director. Area Director must sign form and submit form to the League Office. Once the League Office has received the form, the Manager will send the parent/guardian the appropriate insurance documents to complete, along with instructions for sending the insurance forms to the League Office.

The League's insurance is secondary coverage; The benefit amount for Excess **Accident Medical Expense** is payable on an Excess Basis. The Insurance Company will determine the **Reasonable and Customary Charge** for the covered **Medical Expense**. The Insurance Company will then reduce that amount by amounts already paid or payable by any **Other Plan**. They will pay the resulting amount, less the deductible (\$100.00) for Excess **Accident Medical Expense**. The deductible applies **separately** to each **Insured Person** and **each Accident**.

All claims must be submitted to the insurance company no later than December 31st of the year of accident, in order to ensure the coverage will be applied.