



CRESTED BUTTE  
Parks & Recreation

# Athlete Incident Report

Crested Butte Parks & Recreation  
PO Box 39  
Crested Butte, CO  
USA  
81224  
Phone: 970-349-5338  
Fax: 970-349-6626  
www.townofcrestedbutte.com

## To be Completed Immediately!!

The coach/manager who is supervising and/or was witness to the athlete at the time of injury should complete this form. The report should be submitted immediately to the Parks & Recreation Office. You may complete this form online and submit via email. To do so, fully complete all fields in the form, then save to your computer. Once saved, attach and email to recreation@crestedbutte-co.gov.

Should other pertinent facts develop, notify the Parks & Recreation Office as soon as possible.

Completed By:

email:

Phone:

Athlete's Name:

Age of Athlete

Location (field, rink, city, etc.)

Date of Incident

Approximate Time of Incident:

Nature of Injury:

How did injury occur?

Was a parent/guardian notified?

Yes

No

Disposition of Athlete:

*(Returned to play, released to parents, taken to hospital)*

Please list other witnesses including contact information.

Additional Comments

Date

I am signing this document by typing my name: