

# HVABSA Incident Form

Date of the Incident: \_\_\_\_\_ Time of the Incident: \_\_\_\_\_

Name of person/s involved: \_\_\_\_\_

Type of Incident (mild, severe, etc...) \_\_\_\_\_

Location of Incident (field, concession, stands, etc...) \_\_\_\_\_

Describe to the best of your knowledge what occurred:

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Signed and dated by Parent or Coach of person/s involved at HVABSA:

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Signed and Dated by a board member or Red Hat on Duty:

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By signing this form, the parties involved agree that these events happened exactly or to the best of their knowledge as stated above.