

Non-Participant Accident Report (Cheerleading Practice)

Date of Report

Time of Report

Name of Reporter

Role/Relationship to Team

Location of Incident

Date of Incident

Time of Incident

Name of Injured Person

Age

Contact Information

Description of Accident

Injury Description

Witnesses (Names & Contact Information)

Immediate Action Taken

Further Follow-Up or Notes

Report Completed By

Signature

Date