

Rockaway Borough Recreation Commission
Accident Report

Name of Injured Person _____ Sport Card # _____

Address _____

Parents or Guardian _____ Phone _____

Sport or Activity _____ Place of Accident _____

Date and Time of Accident _____ type of Injury _____

Coaches Advisors Present: _____

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

Signature

Date

This Form should be delivered to the Recreation Dept. at Boro Hall within 48 Hours. Do not delay reporting. As soon as this report is received, insurance forms will be sent out to the injured party.

Keep a copy of this report for your own records.