



Coconut Creek Football Incident Report

Circle the one that applies

Injury	Complaint - Coach	Complaint - Parent	Complaint - Player
Safety Violation	Concern	Suggestion	Other complaint

Circle the sport that applies

Tackle Football	Tackle Cheer	Flag Football	Flag Cheer
-----------------	--------------	---------------	------------

Circle the division or team that applies

PW Flag	Junior Flag	Senior Flag	NFL Flag
70s	85s	95s	105s
115s	135s	155s	other

Circle which event

Game	Practice	League Event	Other <small>(explain on back)</small>
------	----------	--------------	--

Circle where this took place

Sabal Pines	George Gerber	Lakeside Park	Lyons Creek
Hosford	Rec Complex	Away Park	Other <small>(explain on back)</small>

Name of person filing complaint or incident (Print Clearly)

Home Phone	Work Phone	Cell Phone	Email address

Please fill in the below questions to the best of your ability

Date of Incident	Time of Incident	Date this report is filed	Is there witness

*** Referees only ***

Injury	Player ejection	Coach ejection	Other
Yes / No	Yes / No	Yes / No	

*** Injury Only * Circle any that apply**

Was emergency 911 called? Yes / No	broken bone	Heat related	Concussion
------------------------------------	-------------	--------------	------------

Please describe incident or complaint. List any witnesses. Be as thorough as you can. If you need additional space please attach separate piece of paper

--

This report may be turned in to any commissioner, board member or AYFL rep. It may also be emailed to incident@creekfootball.com

For board members/commissioners only

Board member who report or complaint was filed with		Was any board member present at incident?	
---	--	---	--

Investigation Notes or Info - Attach if nec.

--

Was this brought to the board? If yes what was the final result and date - Attach if nec

--

This report should be filed with the secretary of the league when resolved