



Conejo Ski & Sports Club
Injury Report/Incident Report

Name of Injured:		Today's Date:	
Address Street:		City:	ZIP:
Telephone Number:		Date of Birth:	
Event where injury or incident occurred:	Dates of Events:	Injury/Incident Date:	Time: AM PM
Describe Injury:			
Medical Attention: (If Any)	Doctors Comments :	EMT Comments:	
ER:			
First Aid:			
None:			
Witness Information:			
Witness # 1		Statement: _____	
Name: _____			
Address: _____			
City, State, ZIP _____			
Phone No. _____			
Witness # 2		Statement: _____	
Name: _____			
Address: _____			
City, State, ZIP _____			
Phone No. _____			
Event Leader Name:	Received By Board Member:	Date Received:	