



# CAMBRIDGE YOUTH SOCCER INC.

745 Fountain Street North, Cambridge, ON N3H 4R7 • Tel: 519-653-8800  
www.cambridgesoccer.ca



Operators of the COMDEV Indoor Soccer Park

Activity/Program: \_\_\_\_\_ League: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(MM/DD/YYYY)

Name, Title, Department and Contact Information of individual completing this report:

Describe exactly what happened including the actual site, any contributing physical site conditions, weather conditions, footwear of injured party, statement of injured party, etc.:

### Identity of Injured Person:

Name: \_\_\_\_\_ M  F  Age: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Injury Description (Describe Condition/Injury): \_\_\_\_\_

Treatment Received: \_\_\_\_\_

By Whom? \_\_\_\_\_ Treatment Time Began: \_\_\_\_\_ Finished: \_\_\_\_\_

Were latex gloves worn when administering treatment? Yes  No

Contacted: Ambulance  911  Police  Parents  Other  \_\_\_\_\_

### Property Damage:

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Describe Property: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Police Occurrence # \_\_\_\_\_ Investigating Officer: \_\_\_\_\_ Badge# \_\_\_\_\_

### Witness:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

SEND REPORT TO:

**DEREK BRIDGMAN, General Manager**  
Cambridge Youth Soccer  
745 Fountain Street N, Cambridge, ON N3H 4R7

Additional Information/Reports attached: Yes  No