

**NATIONAL HIGH SCHOOL RODEO ASSOCIATION
INJURY/INCIDENT REPORT**

TO BE COMPLETED BY STATE/PROVINCE/NATIONAL OFFICIAL

State/Province: _____ Place where incident occurred: _____
Incident Date: _____ Incident Time: _____
Injured Persons Name: _____
Address: _____
Phone Number(s): _____
Male/Female: _____ Date of Birth: _____

Details of Incident:

Type of Injury: _____

Does injury require Hospital or Physician: Yes? No ?

Hospital Name: _____

Hospital Address: _____

Hospital Phone Number: _____

Injured Person/Party Signature: _____ Date: _____

OTHER IMPORTANT OR RELEVANT INFORMATION:

Prepared By: _____ Date: _____