

NBBSA BABE RUTH LEAGUE ACCIDENT REPORT

(Must Be Completed by Manager)

DATE OF INJURY: _____ NAME OF INJURED: _____

ADDRESS: _____

PHONE NUMBERS: home _____ cell: _____

NOTIFICATION MADE TO: _____ (NAME OF PARENT OR GUARDIAN)

TIME & METHOD OF NOTIFICATION: _____ (PHONE OR IN PERSON)

TYPE OF INJURY AND HOW IT OCCURRED:

DIVISION & TEAM NAME: _____

SUBMITTED BY: _____ (Print Name)

(SIGN AND DATE)

This form must be completed and forwarded to the League Director, Vice President and Player Agent. This form will be kept on file in case a claim is made to Babe Ruth for reimbursement of medical expenses. Claims should be made within 60 days of accident. Primary coverage is personal policies and Babe Ruth is secondary. Contact Dave Kuchler at **609-722-1009** or **vpbaseball@nbbsa.com** for questions.

Mail completed form to: Dave Kuchler

1047 Hoover Drive

North Brunswick, NJ 08902