

Greater San Joaquin Softball Association – Junior Olympic



Bart Magellan, J.O. Commissioner
8900 N. Thornton Rd. Suite 19
Stockton, CA 95209
Phone/Fax: (209) 951-1078

Accident Report

Team Name _____ Age Division _____

Name of Injured Person _____ (M _____ F _____) Age _____

Address _____ City/State _____ Phone _____

Time Accident Occurred _____ Day _____ Date _____

Facility Where Accident Occurred _____ City/State _____

Activity of Injured at Time of Accident _____

Exact Description and Location of Injury _____

Describe emergency care and who administered it, telling who was with the injured person until released: _____

To whom released _____ Relationship _____

Address _____ City/State _____ Phone _____

Signature of person filling out form _____ Date _____

Position/Title _____ Phone _____

***This report is due to the Junior Olympic Headquarters within 72 hours of accident.
Failure to complete and turn-in this form may jeopardize any insurance claim.***

Mail form to:
G.S.J.S.A. Junior Olympic
C/O Bart Magellan
8900 Thornton Rd. Suite 19
Stockton, CA 95209