

MOUNTAIN HIGH SNOWSPORT CLUB

Incident/Injury Report

Complete Entire Form and Return to the Mountain High Trip/Activity Leader

Name: _____

Address: _____

Phone #: _____

Email: _____

Date of Incident/Injury: _____

Location of Injury (name of trip/activity) _____

Describe Incident/Injury (*use back of form if needed*): _____

How did it happen? (*injury only*) _____

Name(s) of Witness(es): _____

Did you see a doctor? YES _____ NO _____

If "NO" explain: _____

Did the doctor recommend exclusions from activities or modified activities while on this trip?

YES _____ NO _____

If "YES" explain (*use back of form if needed*): _____

Signature of Participant

Date

Name/Title of Person Completing Form (*if other than Participant*)

Print Name of Trip/Activity Leader