

AMERICAN POLOCROSSE ASSOCIATION

Mail To: APA; P.O. Box 158; Bonneau, SC 29431
843-825-2686

INCIDENT REPORT – Page 1: Player; Page 2: Equine

Event Name _____

Date of Incident or Accident _____

Event Umpires Name _____

Umpires Officiating during Incident _____

Injured Party's Name _____

APA Member? _____ Club _____

Date of Birth _____ Division Played _____ Rating _____

Address _____

Phone _____

Riding _____ Not Riding _____

Accident During Event _____ Accident Not During Event _____

_____ Did Not Require Treatment

_____ Required Treatment, Continued Activity

_____ Required Treatment, Could Not Continue Activity

Description of Accident and Names of Other Players involved:

Description of Injury:

Safety Gear Worn?

If so, What?

APA INCIDENT REPORT – Page 2 – Equine

Event Name _____

Date of Incident or Accident _____

Event Umpires Name _____

Umpires Officiating during Incident _____

Horses Name and Age _____

Horses Owner _____

Horse Played By _____ Division Played _____

What Was the Incident?

Players Involved in Incident _____

_____ Horse did not require treatment

_____ Horse required treatment, but able to continue playing

_____ Horse required treatment, unable to continue playing

_____ Horse severely injured

_____ Horse needed to be euthanized

Was horse wearing protective gear?

Was the horse fit for play at the level played?

