

Manager's Accident Report Form

The Board of Queen City Athletic Association (QCAA) is requesting that Managers complete this form any time that a player is injured during a game or practice that requires him/her to seek medical attention. Please remind the parents that QCAA does have secondary insurance coverage that will cover whatever their primary coverage does not (minus a deductible).

This form needs to be sent to QCAA no later than 72 hours after the accident.

QCAA
PO Box 142
Independence, Mo. 64051
Or Fax to 816-796-4003

Manager's Name _____ Phone _____
Player's Name _____ Phone _____
Team Name _____ Division _____
Parent's Name _____
Date and Time of Injury _____
Place where Injury Occurred _____

What was injury?

How did injury occur?

Manager's Signature _____ Date _____

Manager and Parent need to be aware that an Agent hired by QCAA processes all claims. They may require copies of receipts for any medical assistance required by this athlete before they can process the claim. QCAA will contact the agent and the agent will continue all correspondence from there. This form is to be used for players and coaches that are listed on the team's official Roster. Umpires and Board Members are also covered and need to file this form with the league as well.