



Athletic Equestrian League Accident Report

Facility Name: _____

Owner of facility: _____

Phone: _____ **Email:** _____

Physical Address: _____

Host Team Name: _____

Coach(es): _____

Phone: _____ **Email:** _____

Mailing Address: _____

Athlete Involved: _____

Parent(s) Name if Athlete under 18 years old:

Phone: _____ **Email:** _____

Mailing Address: _____

Team: _____

Coach(es): _____

Individual brought to hospital: Yes No

If yes, were they transported by ambulance: Yes No

