

XGym, LLC  
8455 N. 90th St. Suite 8  
Scottsdale, Arizona 85258  
**ACCIDENT/INJURY REPORT**

**Kristal McGrath (720-375-3576) must be contacted within 24 hours of accident or injury.**

**Person involved in accident/injury**

**NAME:** \_\_\_\_\_

**GRADE:** 9      10      11      12

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**LOCATION OF ACCIDENT/ INJURY:** \_\_\_\_\_

**TIME ACCIDENT/INJURY OCCURRED:** \_\_\_\_\_ circle one: AM    or    PM

**THE FOLLOWING WERE NOTIFIED OF INJURY:**

\_\_\_\_\_ Parents    \_\_\_\_\_ Athletic Trainer

**WITNESSES**

**NAME :** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**TYPE OF INJURY:**

Break \_\_\_\_\_    Concussion \_\_\_\_\_    Contusion \_\_\_\_\_    Dislocation \_\_\_\_\_

Fracture \_\_\_\_\_    Sprain \_\_\_\_\_

Other \_\_\_\_\_

**SPECIFIC AREA OF INJURY:**

\_\_\_\_\_  
**WAS ATHLETE ADVISED TO SEE PHYSICIAN?**    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**DESCRIPTION OF ACCIDENT/INJURY INCLUDING FIRST AID PROCEDURES:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact made to Kristal McGrath - Date: \_\_\_\_\_ Form of Contact: \_\_\_\_\_