

# USD Sports Clubs Post-Event Report

Club \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Win or Lose (circle) Opponent \_\_\_\_\_ Score \_\_\_\_\_

Trainer on Duty \_\_\_\_\_

Officials scheduled: Yes  No  *If yes, Please attach check request form.*

***Injuries*** (please attach all injury reports):

Name \_\_\_\_\_ Injury \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

Campus Security Called \_\_\_\_\_ Hospital \_\_\_\_\_

Name \_\_\_\_\_ Injury \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

Campus Security Called \_\_\_\_\_ Hospital \_\_\_\_\_

Name \_\_\_\_\_ Injury \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

Campus Security Called \_\_\_\_\_ Hospital \_\_\_\_\_

*Risk Issues*

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*Crowd Issues*

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*Sportsmanship Issues*

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*Outstanding Stats*

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*Additional Comments:*

Person Filling Out Report \_\_\_\_\_ Date \_\_\_\_\_