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| REGISTRANT INFORMATION- | | | |
| Name | Click here to enter text. | Date of Birth | Click here to enter a date. |
| Address | Click here to enter text. | Gender | Choose an item. |
| City, State, Zip | Click here to enter text. | Phone Number- Specify Area Code | Click here to enter text. |
| Email Address | Click here to enter text. | Church you are attending with | Click here to enter text. |
| Youth Leader | Click here to enter text. | Youth Leader Phone-Specify Area Code | Click here to enter text. |

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| CHRIST IN YOUTH INCIDENT REPORT | | | |
| Event | Click here to enter text. | Date | Click here to enter text. |
| Location of Incident | Click here to enter text. | Time of Incident Specify AM/PM | Click here to enter text. |

**\*Make sure to have CIY Medical Release Form when filling out Incident Report, Take Photo and Email with Incident** **Report to Ryan Claborn.\***

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| ADDITIONAL INFORMATION | | | | |
| Was any other registrant or person involved? | | Choose an item. | | |
| If so, Name of Person | Click here to enter text. | | Phone Number – Specify Area Code | Click here to enter text. |
| Were there any witnesses? If so, see below- | | Choose an item. | | |
| Witness #1 Name | Click here to enter text. | | Witness #1 Phone Number –Specify Area Code | Click here to enter text. |
| Witness #2 Name | Click here to enter text. | | Witness #2 Phone Number- Specify Area Code | Click here to enter text. |

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| --- | --- | --- | --- |
| DETAILS- YES or NO | | | |
| 911 or Emergency Responder(s) called? | Choose an item. | Agency(ies) Responding - |  |
| Hospitalization? | Choose an item. | Police? | Choose an item. |
| Arrests? | Choose an item. | Ambulance? | Choose an item. |
| Citations? | Choose an item. | Fire? | Choose an item. |
| Building Evacuation? | Choose an item. | Other- if so, explain | Click here to enter text. |

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| STAFF USE ONLY | | |
| CIY Medical Release Form Attached? | Choose an item. | Please attach CIY Medical Release Form and any other agency reports regarding the incident. This form should be completed within 24 hours of the incident. |
| Other Agency Reports Attached? | Choose an item. |

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| Please describe the incident in detail as it occurred- Click here to enter text. |

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| *Event Director Must Fill Out*  As a Event Director, what were your steps in response?  1. Click here to enter text.  2. Click here to enter text.  3. Click here to enter text.  4. Click here to enter text.  5. Click here to enter text.  6. Click here to enter text.  7. Click here to enter text.  8. Click here to enter text.  9. Click here to enter text.  10. Click here to enter text. |

Event Director Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_