Tournament Contacts:

- · EMS, 911
- Christina Lorete, Colorado College Campus Recreation Athletic Trainer, 757-286-9568
- Jimmy Donnellon, Tournament
 Director/Colorado College Men's Ultimate
 Coach, 719-200-8422

Equipment

 Located at Medical Tent: Air Splints, AED, all First Aid supplies.

Injury Documentation

All injuries should be documented utilizing USA Ultimate's online reporting system:

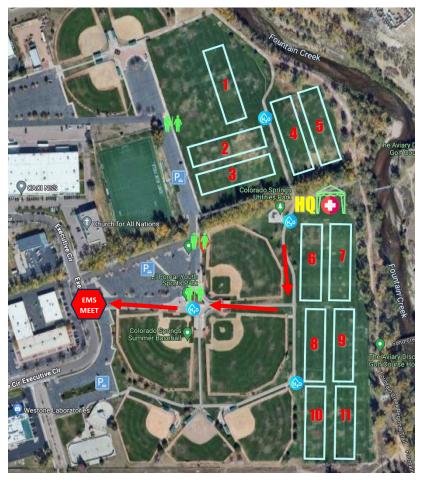


Nearby Emergency Departments:

- UCHealth Memorial Hospital
 1400 E. Boulder St., Colorado Springs, CO
- CommonSpirit Penrose Hospital
 2222 Nevada Ave., Colorado Springs, CO 80907

Nearby Urgent Cares:

- UCHealth Urgent Care Circle Square
 2767 Janitell Rd., Colorado Springs, CO 80906
- CommonSpirit Urgent Care Broadmoor
 1263 Lake Plaza Dr. #120, Colorado Springs, CO 80906



USA ULTIMATE INCIDENT REPORT FORM

	ROLE	Athlete	Coach	Volunteer	Chaperone
	FIRST NAME				chaperone
	LAST NAME				
	-	Male	Female	Other	
			remaie		
ONTACT INFO	-				
	EMAIL ADDRESS				
	PHONE#				
	STREET ADDRESS				
	CITY				
	STATE				
	POPSTAL CODE				
RIMARY INSU					
	Check if vo	ou do not have p	rimary insurance		
			rimary insurance		
	INSURANCE CAR	RIER NAME			
	INSURANCE CAR	RIER NAME			
	INSURANCE CARE POLICY HOLDER I	RIER NAME			
CIDENT DETA	INSURANCE CARI POLICY HOLDER I POLICY # Group #	RIER NAME			
ICIDENT DETA	INSURANCE CARI POLICY HOLDER I POLICY # Group #	RIER NAME NAME			
NCIDENT DETA	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS	RIER NAME NAME			
NCIDENT DETA	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE	RIER NAME NAME			
ICIDENT DETA	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME	RIER NAME NAME			
	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFACE	RIER NAME NAME			
	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFACE	RIER NAME NAME			
	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFAC	RIER NAME NAME	Grass	Indoor	
	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFACTORS BODY PART SIDE	RIER NAME NAME CE TYPE Left	Grass	Center	TurfSand
	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFACTORS BODY PART SIDE SEVERITY	RIER NAME NAME CE TYPE Left Report O	Grass	Center	TurfSand
	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFACTORS BODY PART SIDE	RIER NAME NAME CE TYPE Left Report O	Grass	Center	TurfSand
NCIDENT DETA	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFACTORS BODY PART SIDE SEVERITY	RIER NAME NAME CE TYPE Left Report O	Grass	Center	TurfSand
	INSURANCE CARI POLICY HOLDER I POLICY # Group # AILS DATE EVENT NAME TEAM NAME PLAYING SURFACTORS BODY PART SIDE SEVERITY	RIER NAME NAME CE TYPE Left Report O	Grass	Center	TurfSand

_____Ambulance Taken

__ Onsite Care Provide