



# Injury Report

Date: \_\_\_\_\_ Division: \_\_\_\_\_

Team Name: \_\_\_\_\_ Time: \_\_\_\_\_

Name of person filling out this report: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Location/Address of the incident: \_\_\_\_\_

Name of Injured Person: \_\_\_\_\_

Relationship of the injured to WCGS (player, parent, coach, etc.) \_\_\_\_\_

Describe how this injury occurred: \_\_\_\_\_

Part of the body injured: \_\_\_\_\_

What Ensued after the accident? (circle all that apply)

First Aid    The injured taken to the hospital    went home    continued playing    visted a physician

Other, explain: \_\_\_\_\_

Signature of person preparing report

Title(manager, coach, team parent, board member, etc.)