

PLEASE COMPLETE THIS FORM AND RETAIN THE ORIGINAL COPY FOR LEAGUE RECORDS.
THIS FORM MUST BE PRINTED OR TYPED

INJURY REPORT FORM

Date: _____

Name of Player: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Team Name: _____

League Name: _____

Coach Name: _____

Coach Phone Number: _____

Nature of Incident: _____

Game Training Other

Weather Conditions: _____

Brief Description of Incident: _____

If Game:

Name of Referee: _____

Name of Asst. Referee: _____

Name of Asst. Referee: _____

Signature of Witness: _____

Name: _____

Position: _____

Phone: _____

E-mail: _____

Report of Insurance Claims

All reports of injuries must be submitted to the appropriate league official within 72 hours of the injury.