



INJURY REPORT FORM

PLEASE PRINT

Name of Child _____ Date of Birth: ___/___/___

Parent or Guardian _____ Telephone _____

Address _____ City _____ ST _____ Zip _____

SAY Area/District _____

Date & Location at time of Injury _____

Type of Injury _____

Brief Description of Incident _____

First-Aid Administered _____

Follow-Up Treatment _____

Witness(es) _____

Coach _____

League Representative Signature (**required**) _____

Indicate on the field where injury occurred