

PLAYER INJURY REPORT

Name of Player: _____

Age Group & Team Name: _____

Date of Injury: _____

Place / Location of injury (Did the injury occur in a game or at practice):

Type of Injury: _____

Please describe how the injury occurred:

Did the injured player go to the Hospital or Doctor's office?:

Please provide the contact details of the Parents / Guardians of the player

Parent's name(s): _____

Parent's phone #: _____

Parent email address: _____

Name of Coach reporting this injury report: _____

Reporting Coaches phone #: _____

Reporting Coaches email address: _____

SIGNATURE OF COACH REPORTING THE INJURY

DATE

AFTER COMPLETING THIS FORM, PLEASE PRINT A COPY AND KEEP IN THE TEAM'S COACHES BAG ALONG WITH MEDICAL RELEASE FORMS AND PLAYER PASSES