

INJURY REPORT

Brooklyn Park Fastpitch



Player Name _____ Team _____ Level _____

Address _____ Phone _____

Description and mechanism of injury _____

Date of injury _____ Time _____ Place _____

Original injury _____ Re-injury _____

Referred to Emergency _____ Referred to Physician _____ Other _____

Treatment and handling: _____

Signed _____ Date _____

Email or turn in copy to: BFPF President David Holly, drholly@comcast.net &

BFPF Coach Mentor Scott Eickman, scott.eickman@yahoo.com