

PYLGSA INJURY REPORT

Please print all required information in the blanks provided & sign where indicated.

Date: _____

Division of player (circle one):

6U 8U 10U 12U 14U 16U/18U

Name of person filling out this report: _____

Phone Number: _____ Email: _____

Location of the accident: _____

Name of injured person: _____

Relationship of the injured to PYLGSA (circle one):

Player Coach Parent Volunteer

Describe how the accident occurred: _____

Part of the body injured : _____

What happened after the injury (circle all that apply):

First Aid Administered Injured Person was Taken to Hospital

Injured Person Went Home Injured Person Continued Playing

Injured Person Visited a Physician Other, Explain: _____

Signature

Title (Manager, Coach, etc)

** PLEASE NOTE: This report MUST be turned into your Division Agent within one week of the accident and MUST also be reported by telephone within 24 hours of the accident. Failure to do so might leave you and the Association liable.