



HYAA Youth Injury Report

(Please Print Clearly)

Youth's Name: _____	Date of Report: _____
Parent's Name: _____	Phone Number: _____
Youth's Address: _____	Coach _____
City, State & Zip: _____	Grade: _____ Age: _____

Date of Injury: _____ Time of Day: _____

1. Name of person who first received knowledge of injury: _____

2. Location where injury occurred: _____

3. Witness's name: _____ Phone Number: _____

Statement (attach separate report if applicable): _____

4. Describe how injury occurred, specifying what the person was doing at the time: _____

5. a) Part of the body injured: LEFT / RIGHT _____

b) Nature of injury: laceration _____ or other: _____

c) Type of accident: fall _____ struck by _____ or other: _____

d) Unsafe acts: failure to use protective equipment _____

Or specify other: _____

6. Was a doctor contacted: YES or NO Doctor's Name: _____

Clinic or Hospital _____

7. First aid given by: _____

8. Describe type of First Aid given: _____

9. Did the injured lose consciousness? Yes / No If Yes-explain how long and symptoms _____

This report was prepared by: _____	Phone Number: _____
Signature: _____	Date: _____

Note: 1. Fill out this report immediately after accident/injury occurs. (Circle Sport program below)

2. Contact the respective Sports Director the same day or evening & **file this report within 24 hours.**

Baseball – Traveling 10-15u
Baseball – VFW & Legion
President

Ryan Stoffel 651-246-7144
Robb Svoboda 612-481-9598
Cindy Lyon 651-226-6184

Softball – Traveling
Softball – In-House

Scott Tryba 651-245-6365
Samantha Virchow 612-207-0704

Email the sport director-contact information on website at www.hyaa.info