



LAWS INJURY REPORT

Date: _____ Time: _____

Name of Injured Player: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Team Name: _____ Team Manager: _____

Official's Name: _____ Phone #: _____

Location: _____ Field #: _____

Names and contact information for players involved: _____

Description of injury: _____

Description of any treatment for the injury: _____

Referee must sign the injury report if the injury occurs during a LAWS game, or note the injury on the game card.

Player Signature: _____

Manager Signature: _____

Referee Signature: _____